



FUNERAL TRIP/DEATHBED VISIT WORKSHEET AND CHECKLIST

COMPLETED BY CLASSIFICATION COUNSELOR

Name _____ DOC number _____ Assigned housing unit _____

Requesting to attend: Funeral Deathbed visit on _____ at _____ a.m. p.m.

Location and full address: _____

Contact person: _____ Telephone: _____

Attending Physician (if deathbed visit): _____

Relationship to immediate family member: _____

Name: _____ Telephone: _____

Current offense _____

Gang-related Custody level _____ Date of birth _____

Date of sentence _____ Minimum term _____ Earned release date _____

Depart at _____ a.m. p.m. on _____

Approximate return at _____ a.m. p.m. on _____

Payment via trust account Family payment via money order/certified check Indigent

Comments/recommendations (e.g., Security Threat Group activity, transport security, medical/mental health information, driving directions): _____

Classification Counselor _____ Estimated total miles for trip _____

COMPLETED BY INTELLIGENCE AND INVESTIGATIONS UNIT (IIU)/DESIGNEE

Comments, including any gang affiliations: _____

Investigator _____ Date _____

COMPLETED BY SHIFT COMMANDER/TRANSPORTATION LIEUTENANT

1st Transport Officer: _____ 2nd Transport Officer: _____

Work Schedule: _____ Work Schedule: _____

Depart at _____ a.m. p.m. Return at _____ a.m. p.m.

Comments, including restraints required, clothing, and safety/security instructions: _____

Name _____ Date _____

COMPLETED BY BUSINESS OFFICE						
Employees	Regular hours	Overtime rate per hour	AU SW 12 overtime pay	Total benefits	Total pay	
Officer 1				\$	\$	
Officer 2				\$	\$	
Lodging – GA			Meals – GA			
# of nights	Cost	Total	Meal	# of nights	Cost	Total
	\$	\$	Breakfast		\$	\$
			Lunch		\$	\$
			Dinner		\$	\$
Mileage estimate: x = \$			Total \$			
Total mileage cost \$						
Total payroll	\$	Comments:				
Total lodging	\$					
Total mileage	\$					
Total meals	\$					
TOTAL DUE	\$					

ALL SIGNATURES ARE REQUIRED FOR APPROVAL

Approved Denied

Correctional Unit Supervisor/Program Manager

Signature

Date

Approved Denied

Captain/Lieutenant at Level 2 facility

Signature

Date

Approved Denied

Superintendent/designee

Signature

Date

Comments: _____

COMPLETED BY RECORDS OFFICE, IF APPROVED

Law enforcement notified Yes No Victim/witness notified Yes No

Comments: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Control Transport Officers
COPY - Imaging System, Shift Lieutenant, Business Office, Unit File

CHECKLIST
COMPLETED BY CLASSIFICATION COUNSELOR

- Review eligibility requirements per DOC 420.110 Escorted Leaves and Furloughs.
- Research violation history, escape, current offense and criminal history, active no contact orders, felony warrants/detainers, IIU input (e.g., Security Threat Group concerns, potential threats/safety concerns), and current medications.
- Inform the incarcerated individual only **one** trip will be allowed, if approved. Individuals may request to:
 - Visit an immediate family member (i.e., at the hospital, hospice, or home), or
 - Attend the funeral service or burial of an immediate family member. Both will be allowed if at the same location.
- Ask the individual to provide the name, telephone, and relationship to the family member
- For a funeral trip, contact the family member for the name and location of the funeral home
- For a deathbed visit, contact the physician or hospital/hospice for the location of the family member. If a home setting, determine who will be at the home and determine any restrictions needed. Ask if there are weapons in the home and if removal is possible, if appropriate.
- Notify the individual and family member of cost requirements (e.g., mileage, meals, lodging, employee salary). Ask if they are able to pay. *Indigence will not be cause for denial.*
 - Provide instructions for payment via the trust account and/or a money order or certified check. Payment should be made before the scheduled departure. Arrangements may be made for family members to pay at a local facility/office.
- Obtain directions, including exact location to meet contact person, and specifics for trip (e.g., start/end time of service, total distance/travel time).
- Ensure all sections are completed and obtain approval signatures. Do not send via email/fax.
- Email facility records office notification, including:
 - Name and DOC number
 - Destination
 - Date and time of departure
 - Approximate time of return to the facility
- Provide a courtesy notification to the Chaplain for follow-up with the individual.
- Complete a trip packet with the following:
 - Cover memo on top
 - DOC 05-739 Funeral Trip/Deathbed Visit Worksheet and Checklist
 - DOC 05-673 Escorted Leave Reimbursement Request
 - Full Legal Face Sheet, including violation history, from the individual's electronic file
 - Map and directions
- Make 4 copies of the approved trip packet for facility records, Shift Lieutenant, business office, and unit file.
- A custody officer will obtain the individual's identification sheet from records/control employees to include in the transport officer's trip packet on the day of departure.