**MANDATORY SAVINGS ACCOUNT EXEMPTION**

Name DOC number Facility

I am requesting an exemption to the mandatory savings account for one of the reasons checked below:

[ ]  Earned Release Date (ERD) beyond life expectancy (Classification Counselor (CC) forwards to Records)

[ ]  Terminal Illness - ERD beyond life expectancy (CC forwards to Health Services)

Signature Date

|  |
| --- |
| **HEALTH SERVICES** |

[ ]  Individual **is** terminally ill with approximately       years and       months life expectancy (forward to Records)

[ ]  Individual **is not** terminally ill (return to CC)

Name Signature Date

|  |
| --- |
| **RECORDS** |

Date of birth:       Age:       Life expectancy:       ERD:

[ ]  ERD **is** beyond life expectancy (forward to Business Office)

[ ]  ERD **is not** beyond life expectancy (return to CC)

Name Signature Date

|  |
| --- |
| **BUSINESS OFFICE** |

Trust Accounting employee name Signature Date

**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.**

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