**MANDATORY SAVINGS ACCOUNT ACCESS**

***ACCESO OBLIGATORIO A LA CUENTA DE AHORROS***

           

Name/*Nombre* DOC number/*Núm. DOC* Facility/*Instalación*

I am requesting that $      be released from my mandatory savings account to:

*Solicito que envíen de mi cuenta de ahorros obligatoria a:*

     

Name/*Nombre* Relationship/*Relación*

The purpose of this request is/*El propósito de esta solicitud es*:

Signature/*Firma* Date/*Fecha*

|  |
| --- |
| **CASE MANAGER COMPLETES** |

As of       the mandatory savings account balance is $      .

Date

Current assignment:       Current rate of pay:

Custody level:       Earned Release Date:

Next classification review date:

Current Legal Financial Obligations?/*Deudas Legales actuales?*  Yes/Sí  No

Restitution involved?/*Indemnizacion?*  Yes/Sí  No

|  |
| --- |
| **DECISION/*DECISION*** |

Approved/*Aprobado*  Denied/*Denegado*

Comments/*Comentarios*:

Superintendent/RCM/designee Signature/*Firma* Date/*Fecha*

*Superintendente/Gerente del Centro de*

*Reingreso (RCM)/designado*

**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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