~~~~ **DEPOSIT REJECTION NOTICE**

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| **SECTION A: business office COMPLETES** |

Name DOC number Date received

Facility Unit Rejection number

Received from:       Deposit amount: $

Address:

[ ]  Deposit rejected [ ]  Deposit on hold

[ ]  Superintendent/designee approval needed to deposit to more than one trust account.

[ ]  Other:

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| **SECTION B: individual’s ReVIEW REQUEST** |

[ ]  You are hereby notified in writing that you may request a review of this action within 10 days of the date notified. State your reason(s) why the deposit should be placed into your account or returned to the sender at your expense.

Date notified:

Reason(s):

Signature Date

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| **sECTION C: Superintendent/designee DECISION** |

[ ]  Allow some or all of the funds to be returned to the sender at the incarcerated individual’s expense. Amount returned: $      . Postage equal to the commissary price of one envelope will be charged to your account. Returned checks and stale dated checks resulting from a return to sender will be donated to the Betterment Fund.

[ ]  Release the funds to the incarcerated individual.

[ ]  Funds declared as contraband for deposit to the Betterment Fund.

      

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.**

Distribution: **ORIGINAL** - Business Office **COPY** - Incarcerated individual, Superintendent (if applicable)