



# FORMAL HEADQUARTERS COMMUNITY SCREENING COMMITTEE (HCSC)/LIFE WITHOUT PAROLE DECISION

Date referred	HCSC meeting date	Current assigned custody
Name	DOC number	Facility
Referred from	Type of referral	

## HCSC DECISION

- |  |  |
|--|--|
| <input type="checkbox"/> Approve Work Release                            | <input type="checkbox"/> Approve International Treaty Transfer   |
| <input type="checkbox"/> Concur with Work Release denial                 | <input type="checkbox"/> Approve out-of-state transfer           |
| <input type="checkbox"/> MI3 - Community risk                            | <input type="checkbox"/> Approve MI2 - Long Term Minimum         |
| <input type="checkbox"/> MI3 - Mental health                             | <input type="checkbox"/> Approve extraordinary medical placement |
| <input type="checkbox"/> Refer to Secretary/designee                     |  |
| <input type="checkbox"/> Refer to Mutual Reentry Plan Staffing Committee |  |
| <input type="checkbox"/> Other: _____                                    |  |

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## LIFE WITHOUT PAROLE COMMITTEE DECISION

- Custody level:     Close     Medium     MI3     Retain
- Transfer to: \_\_\_\_\_
- Refer to Assistant Secretary for Reentry/designee for MI3 approval
- Other: \_\_\_\_\_

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_____	_____	_____
Chair	Signature	Date

_____	_____	_____
Assistant Secretary for Reentry/designee for MI3 approval	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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