 **TRIP PROPOSAL**

Name DOC number Date

      (     )

Where do you want to go? Address/City/State/Zip Phone number

What will you be doing?

Who will be with you? (Chaperone, others present):

How long do you expect to be there? When will you return?

How does this activity help in your transition?

Potential advantages of this activity:

Potential risks involved with this activity:

|  |
| --- |
| **APPROVALS**Residential Community Transition Team member approval required to complete site survey |

Special Commitment Center representative Signature Date

Case manager Signature Date

Sex offender treatment provider Signature Date

Site survey completed by Signature Date

[ ]  Approved [ ]  Denied

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** - Individual on Community Supervision **COPY** - Case manager file, Imaging file