



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 (RCTT) member approval required to complete site survey.

SCC 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** - Supervised individual **COPY** - Case manager file