**~~~~COMMUNITY CONTACT/CHAPERONE PROPOSAL**

Name DOC number Date of request

|  |
| --- |
| **PROPOSED CONTACT/CHAPERONE INFORMATION** |

Last name First MI

(     )       (     )       (     )       (     )

Daytime number Work Evening/message Cell

Explain your relationship:

How long have you known them?

How did you meet them?

Why have you chosen this individual?

What are your desired plan(s) and goal(s) while with the chaperone/contact?

Answer the following questions and initial. Use the space provided to explain any answers checked number 1 or ‘Yes’ to 2, 3, 4.

 1. Have you fully disclosed to the proposed chaperone/contact of your criminal and/or

 sexual offending history? [ ]  Yes [ ]  No

 2. Have you been prosecuted, or otherwise, due to sexual offending behavior toward

 the proposed chaperone/contact? [ ]  Yes [ ]  No

 3. Do you have a financial relationship with the individual? [ ]  Yes [ ]  No

 4. To your knowledge, does the individual abuse alcohol or drugs? [ ]  Yes [ ]  No

Signature Date

**Submit this form to any member of your Resident Community Transition Team (RCTT).**

      

Case manager/RCTT member 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.**

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