Department of Corrections
WASHINGTON STATE

CUSTODY TRANSFER REQUEST
Acknowledgment and Declaration of Intent

Name: _____ DOC number: _____ Age: ____ DOB: _____

Offense: _____ Sentence: _____ Facility: _____ ERD: _____

Per E2SHB 1646, you may be eligible for transfer to Department of Children, Youth, and Families (DCYF) custody until you reach your Earned Release Date (ERD) or 25th birthday. If you are housed at a DCYF facility and your ERD is between your 25th and 26th birthdays, DCYF *may* consider you for placement on Electronic Home Monitoring (EHM). Your potential eligibility will be reviewed by an Interagency Multidisciplinary Team (IMDT) that consists of Department employees and DCYF staff. Factors that will be considered for possible transfer will include, but not be limited to:

- The safety and security of yourself, employees, and other persons in DCYF custody.

- Your behavior and assessed risks and needs.

- Whether the DCYF or Department programs are better equipped to facilitate successful rehabilitation and community reentry.

- Any statements regarding the transfer that you wish to be considered.

I understand that the IMDT review does not guarantee my transfer.

☐ I request to be considered for transfer to DCYF custody until my ERD or 25th birthday
☐ I presently decline to be considered for transfer to DCYF custody

Statement

_____

_____

_____

_____	_____	_____
Name	Signature	Date
_____	_____	_____
Employee witness	Signature	Date
_____	_____	_____
DCYF staff witness	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. Upon completion, the data classification category may change.

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