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**DEFERRED DECISION WAIVER**

Name:       DOC number:

FOS number, if Interstate Compact:       Sending state:

I have been advised that I have a right to a DOC 09-233 Hearing and Decision Summary Report within 2 business days of my hearing. I also have the right to be present at the disposition phase of my hearing.

Date of deferred hearing:

Reason for deferred decision:

**I hereby waive my right to:**

Receive my written sanction within 2 business days.

Be present at the disposition phase of my hearing.

Signature Date

Witness Signature Date

Hearing Officer 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.**

Distribution: **ORIGINAL** - Hearing File **COPY** - Imaging File/Central File, Individual, Interstate Compact (if applicable)