



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)