# REQUEST AND AUTHORIZATION ADMINISTRATIVE DISMISS WITHOUT PREJUDICE (DWOP)

## REQUEST

This request is for an Administrative DWOP to retain the Department's ability to take action on a future conviction.

| Name | DOC number | Supervision Type(s): |
|---|---|---|
| Date of Law Violation(s): | Current Supervised Cause(s): | |

Failure to Obey all Laws Violation(s) to be dismissed without prejudice:

Community Corrections Officer _____ Signature _____ Date _____

Office _____

## AUTHORIZATION – HEARINGS DECISION

☐ Administrative DWOP granted. The above violation(s) may be addressed in the future and sanctions may be imposed.
☐ Administrative DWOP denied.

Reason(s) for Denial:

Hearings Administrator/designee or Hearings Duty 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.**

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