



STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS

**LESS RESTRICTIVE ALTERNATIVE  
COURT - NOTICE OF VIOLATION**

REPORT TO: The Honorable  
County Superior Court

DATE:

NAME:

DOC NUMBER:

DOB:

CONDITIONAL  
RELEASE DATE:

COUNTY CAUSE #:  
PRESENT LOCATION:

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**PREVIOUS ACTION:**

**VIOLATION(S) SPECIFIED:**

**Violation 1:**

**Violation 2:**

**SUPPORTING EVIDENCE:**

**Violation 1:**

**ADJUSTMENT:**

**RECOMMENDATION:**

*I certify or declare under penalty of perjury of the laws of the state of Washington that the foregoing statements are true and correct to the best of my knowledge and belief.*

Submitted by:

Approved by:

Date	Date
Corrections Specialist	Program Manager
Location/Facility	
Address	
City, Washington Zip Code	
Telephone (    )    -	

typist / CCO /

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