



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

**LESS RESTRICTIVE ALTERNATIVE
COURT - SPECIAL**

REPORT TO: The Honorable County Superior Court	DATE:
NAME:	DOC NUMBER:
CONDITIONAL RELEASE DATE:	DOB:
CONDITIONAL RELEASE LOCATION:	COUNTY CAUSE #:
	PRESENT LOCATION:

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

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

_____ Date

Program Manager

typist / CCO /

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