



RAPID REENTRY SEARCH WAIVER

Name: _____ DOC number: _____ Date: _____

In consideration for the privilege of being granted Rapid Reentry (Governor's Proclamation 20-50), I do consent to allow the Washington State Department of Corrections, or any other law enforcement agency, to search my person, vehicles, and the entire premises, including all outbuildings, at any time without a warrant.

This search will be for the purpose of ensuring my compliance with the conditions imposed by the court and/or Department of Corrections. This waiver also allows for my participation in Rapid Reentry.

This search may be made without a warrant, probable cause, or reasonable suspicion. I understand that the state and federal constitutions provide a right not to have one's premises searched without a warrant and/or probable cause or reasonable suspicion, but I waive any such rights for the period I am participating in Rapid Reentry.

Additionally, I hereby consent to the seizure of any contraband, evidence of a crime, or evidence of a violation of the Rapid Reentry Standard Rules and conditions.

_____ Initial indicating you understand the waiver

Sponsor Requirements

1. Agrees to allow the participant to be released to their address.
2. Understands that a Corrections Specialist will be conducting routine unannounced home visits.
3. Understands that all areas of the residence will be subject to search.
4. There will be no firearms, alcohol, non-prescription drugs or narcotics permitted in the home at any time.
5. Will personally notify all others living in the residence of the conditions and requirements.

Residence address: _____

I agree with the waiver requirements, and hereby waive any rights to not have my premises searched without a warrant, probable cause, or reasonable suspicion. Address change is subject to advanced approval by the Corrections Specialist and will require a new waiver to be signed. Any new residents moving into the home will need to sign the waiver within 24 hours.

Participant signature

Date

Corrections Specialist name

Signature

Date

Sponsor name

Signature

Date

Other resident signature

Other resident signature

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 00-03, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Records **COPY** - Participant

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