



RELEASE/TRANSFER SPONSOR ORIENTATION CHECKLIST

Before submitting an investigation release/transfer plan for an address not listed in the [Statewide Transitional Housing Directory](#), the case manager will contact and review the following information with all prospective sponsors. Sponsor contacts will be documented in the electronic file and release plan or transfer order (GRE).

Individual: _____ DOC number: _____
End of Sentence Review risk level: _____ Earned Release Date: _____
Concerns (e.g., Security Threat Group, victim/community safety, behavioral issues): _____
County of release/transfer: _____

PRIMARY RELEASE/TRANSFER PLAN

Sponsor Home phone Cell phone

Street address Date contacted Relationship to individual

Others residing at address, including full name, date of birth, and relationship

Types of transitional support provided by sponsor (e.g., housing, financial, transportation)

SPONSOR ORIENTATION CHECKLIST

- Yes No Reviewed criminal conviction history?
- Yes No Reviewed prohibitions/conditions of supervision (e.g., drugs/alcohol, minors, schools/daycare)?
- Yes No Could the release plan place the individual in violation or at risk to reoffend?
- Yes No Reviewed End of Sentence Review recommendations, risk level, registration requirements, and community notification process?
- Yes No Are there firearms or dangerous weapons in the residence? If yes, what are they? Where and how are they stored?
- (GRE Only)** Yes No N/A If yes, are you willing to remove weapons while individual is on electronic monitoring?
- Yes No Are there pets at the address? If so, what kind? Pets must be controlled and allow for Community Corrections Officer (CCO) movement without restriction.
- Yes No Are there any residents at the address who have been victimized by the individual in the past? If yes, who?
- Yes No Are there any active No-Contact Orders in effect against the releasing individual?

- Yes No Are there drugs/alcohol, including marijuana, at the residence? If yes, what is the substance(s)?
- Yes No Are others in the residence with a criminal history and/or on Department supervision? If yes, provide their full name, date of birth, DOC number, and conviction.
- Yes No Are there concerns from neighbors or if a CCO appears in uniform with equipment (e.g., cage vehicle, ballistic vest, firearm)? If yes, explain.
- Yes No Is the sponsor willing to provide access to the residence? Informed the sponsor, that if approved:
 - Random visits will occur, and
 - The residence will be subject to search, including visual inspection of all areas in which the releasing individual has exclusive or joint control/access.

(GRE Only) Yes No N/A Are you willing to agree to and sign a search waiver form and background check?
- Yes No If approved, will the individual jeopardize the housing situation of the sponsor? If yes, how?
- Yes No Does the sponsor have any concerns about providing transitional support? If yes, what are they?

COMMENTS

Provide additional information that might help to determine the appropriateness of the address and/or to provide investigating field CCOs and CS3s with relevant officer/community safety information for visits to the proposed residence.

ORIENTATION FINDINGS

- Approved.** Submit plan for investigation. Sponsor is aware of restrictions/requirements and is willing to allow access to their residence.
- Denied.** Do not submit plan for investigation. Sponsor is no longer able/willing to provide release/transfer address.
- Denied.** Do not submit plan for investigation. Plan is inappropriate and/or will put the individual/community at risk.

_____ Case manager _____ 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.