



DAILY ITINERARY
Graduated Reentry

Name: _____ DOC number: _____ Date: _____

Case manager: _____

TIME	ACTIVITY	LOCATION	VERIFIED BY
6:00 AM			
7:00 AM			
8:00 AM			
9:00 AM			
10:00 AM			
11:00 AM			
12:00 PM			
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Comments:

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 003-03, RCW 42.56, RCW 40.14

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