



# GRADUATED REENTRY TRANSFER PLAN

\_\_\_\_\_  
Corrections Specialist name

\_\_\_\_\_  
Transfer Plan author

\_\_\_\_\_  
Name

\_\_\_\_\_  
DOC number

\_\_\_\_\_  
Current facility

Age:
Education level:
Marital status:
Risk Level:

Incarceration date:
Earned Release Date:
Supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No

County of origin:
County of release:
County of origin exception: <input type="checkbox"/> Yes <input type="checkbox"/> No

Yes  No Victim/Community Concerns flag in Offender Management Network Information (OMNI) or Community Victim Liaison Narrative entered? If yes, narrative required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No No Contact Order/protective orders (Judicial Access Browser System (JABS))?  
If yes, narrative required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Sponsor check? Narrative optional:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Mental health or medical concerns in OMNI? If yes, narrative required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Gang affiliations listed in OMNI? If yes, narrative required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No Active warrant(s) in OMNI? If yes, narrative required:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTINUOUS CASE MANAGEMENT PLAN**

Top 2 need areas:

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Top 2 risk areas:

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Top 2 protective factors:

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**Review how risk factors relate to criminal behavior:**

Residential: copy and paste narrative

Education/Vocational: copy and paste narrative

Employment: copy and paste narrative

Social influence: copy and paste narrative

Substance abuse: copy and paste narrative

Mental health: copy and paste narrative

Aggression: copy and paste narrative

Attitudes/Behaviors: copy and paste narrative

**CRIMINAL HISTORY INFORMATION**

Current offense (include the incarcerated individual's version, if available in OMNI):

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Yes  No History of Domestic Violence (DV) convictions?

Prior adult offense history:

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Prior juvenile offense history:

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**PROGRAMMING AND FACILITY ADJUSTMENT**

Serious Infraction history for current incarceration only:

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Programming information from OMNI (Timelines/plan for Chemical Dependency Treatment, Correctional Industries, or Holds):

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Facility adjustment:

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**RESIDENCE INFORMATION**

_____	_____	_____
Name	Relationship	Phone number
_____	_____	_____
Address	City/state	Zip code

Names and ages of other household members

Yes  No Release plan determination chronological entry. If yes, copy and paste  
If no, email send an email to [docsupervisionscreening@doc.wa.gov](mailto:docsupervisionscreening@doc.wa.gov)

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Yes  No County of origin exception? If yes, criteria narrative required:

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Distribution: **ORIGINAL** - Case manager