



GRADUATED REENTRY PARTICIPANT AGREEMENT

Name: _____

DOC number: _____

To assist you in a successful transition to the community, you are being considered for possible participation in Graduated Reentry in one of the following plans:

- Transfer to Work/Training Release up to 12 months from your Earned Release Date (ERD) and then to electronic monitoring up to the last 6 months of your confinement.
- Transfer to electronic monitoring for up to the last 6 months of your confinement.

Participants in Work/Training Release will be expected to transfer to electronic monitoring for up to their last 6 months of their term of confinement. You may be returned to Prison if you are unable or refuse to transfer to electronic monitoring.

Participants with supervision requirements at their ERD must have a prior approved release plan.

AGREEMENT

If I am accepted to participate in Graduated Reentry, I agree to remain in compliance with programming, treatment, and/or classes, as well as other requirements identified in my release plan. I agree to continue working with identified employees from Prison, reentry, and community corrections.

I agree to abide by all facility and program rules. I understand I may be subject to a loss of good time or earned time based on any infractions I incur as a result of not participating or violating rules.

I understand that if I fail to comply with this agreement, I may face administrative or disciplinary action.

Signature

Date

Witness name

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. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Case manager

COPY - Participant