**LEGAL COPY/INDIGENT POSTAGE/SCANNING REQUEST**

**Only one document per request.**

Requestor full name DOC number Unit/cell Date

Requestors must allow 5 business days to schedule the request in advance of any known deadlines. Debt incurred for copies or indigent postage will be recovered per DOC 200.000 Trust Accounts for Incarcerated Individuals.

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| **PHOTOCOPY REQUEST** |

**Blank pages will not be copied • All copies eligible to create a debt** **will be mailed out immediately**

Legal pleadings and exhibits being submitted to the court and opposing party in a case regardingone of the following (select one).

[ ]  Current conviction [ ]  Conditions of confinement [ ]  Challenge to sentence [ ]  Child dependency

Case number:       Date of verifiable deadline:

Copies need to be mailed to:

[ ]  Court, including copies of bench or judge’s copies if required by the rules:

[ ]  Counsel listed on the Judgment and Sentence (J&S) for appeals:

[ ]  Opposing party(ies):

[ ]  Ombuds - Up to 5 pages (not to be processed as legal mail). By making this request, you are hereby waiving confidentiality for the purposes of photocopying and sending to Office of the Corrections Ombuds (OCO).

A photocopy of the following, which requires available funds (select one of the following and identify):

[ ]  Working legal documents/letters to legal entities for active cases:

[ ]  Letters to legal entities per DOC 450.100 Mail for Individuals in Prison:

[ ]  Legal documents/papers or materials (e.g., family law documents, legal name change/tort claim documents):

Number of pages:       x Number of copies:       = Total pages:       x $0.20 = Total cost: $

**----------------------------------------------------- Employee use only -----------------------------------------------------**

[ ]  Requestor is on indigent list [ ]  Copies are eligible to create debt

 Requestor has: [ ]  Insufficient funds [ ]  Attached DOC 06-075 Request to Transfer Funds

 [ ]  Sufficient funds [ ]  Attached DOC 02-003 Postage Transfer

Copies made by:       Date copies made:

Date copies sent, if required:

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| **Indigent Postage REQUEST** |

This applies to postage needed by a requestor on the indigent list for one of the following (select one):

[ ]  BAR Association for attorney complaints [ ]  Office of the Corrections Ombuds

[ ]  Indeterminate Sentence Review Board [ ]  Prison Rape Elimination Act (PREA) Coordinator

[ ]  Department of Enterprise Services/Office of Financial Management for tort claims

[ ]  Court or opposing attorney/party (only in cases related to the offender’s terms of confinement, conditions of sentencing, or child dependency)

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| **SCANNING REQUEST** |

Scanning is only applicable for courts requiring electronic filing per participation with the Department in an electronic filing program. Scanning will not incur a fee.

Case number:       Court:       Number of pages:

Scanning completed by:       Date scanned:       Page count:

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| **WAIVER OF PRESENCE** |

By signing, requestor waives right to be present when copying/scanning is conducted:

Requestor signature: Date:

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| **COMMENTS – EMPLOYEE USE ONLY** |

**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.**

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