



LEGAL COPY/INDIGENT POSTAGE/SCANNING REQUEST

Only one document per request.

Requestor full name _____ DOC number _____ Unit/cell _____ Date _____

Requestors must allow 7 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 Offenders.

PHOTOCOPY REQUEST

Blank pages will not be copied • All Copies will be mailed out immediately

Legal pleadings and exhibits being submitted to the court and opposing party in a case regarding one of the following (select one). Current conviction Conditions of confinement Challenge to sentence

Case number: _____ Verifiable Deadline _____

Copies need to be mailed to:

Court: _____

Counsel listed on the Judgement & Sentence (J & S) for appeals: _____

Opposing party(ies): _____

Other: Ombuds - Up to 20 pages not related to grievance documents

Other legal photocopies, which require 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 Prison Offenders: _____

Legal documents/papers or materials (e.g., divorce decree/child custody petition, 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 and sent out: _____

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 Department 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 or conditions of sentencing)

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.

Court: _____ Case number: _____ Number of pages: _____

Scanning completed by: _____ Date scanned: _____ Page count: _____

WAIVER OF PRESENCE

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

Requestor 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 00-03, RCW 42.56, and RCW 40.14.

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DOC 19-084 (Rev. 01/24/19)

DOC 590.500