



APPROVAL FOR VISITS BY CURRENT/FORMER EMPLOYEE, CONTRACT STAFF, OR VOLUNTEER

Applicant name: _____ Date: _____

Other names used (maiden/married names): _____

Department Employee Contract Staff Volunteer

Currently working/providing services for the Department Yes No

Location(s) where you are or were assigned to work/provide services: _____
(e.g., facility, office)

Date work/services ended: _____ N/A (Still working/providing services)

INCARCERATED INDIVIDUAL INFORMATION

Incarcerated individual name DOC number Facility

Relationship: _____

Supporting documentation Yes No (e.g., birth certificate, marriage/state registered domestic partnership license)

Specify how visits will benefit the incarcerated individual:

HISTORY OF PREA ALLEGATIONS

Substantiated Unsubstantiated Unfounded No allegation history Verified by: _____

APPROVAL – UNSUBSTANTIATED/UNFOUNDED/NO ALLEGATION HISTORY

Approved Denied

Statewide Visit Specialist Signature Date

APPROVAL – SUBSTANTIATED PREA ALLEGATION OR CURRENT EMPLOYEES/CONTRACT STAFF/VOLUNTEERS

Approved Denied

Comments:

Deputy Director Command B 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.

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