



**EXTENDED FAMILY VISIT (EFV)
REVIEW DECISION/RECOMMENDATION**

Facility: _____

Appeal Review

Name: _____

DOC number: _____

Visitor name	Age (If a minor)	Relationship

Early Release Date: _____

Summary of current conviction:

Infraction history:

Visit history (include video visit history)

Yes No Is there a history of sex offenses?

Yes No Has the individual had Sex Offender Treatment Assessment Program (SOTAP) screening?

Yes No If screened, is the individual amenable to treatment?

RECOMMENDATION/DECISION

Approve Deny Partial

Reason:

Committee member(s) present:

Date of committee: _____

Approve Deny

Deputy Director Signature Date

Approve Deny

Corrections Program Administrator Signature Date

Approve Deny

Committee Member Signature Date

Approve Deny

Committee Member 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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