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**REQUEST FOR INTER-FACILITY**

**TELEPHONE COMMUNICATION**

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| **REQUESTER INFORMATION** |

I am requesting permission to communicate by telephone with my spouse/state registered domestic partner, who is presently incarcerated at another facility. I understand that I may make a call, supervised by an employee, 2 times per month for a maximum of 20 minutes per call.

Name: DOC number: Facility:

Address:

Spouse/registered domestic partner: DOC number:

Incarcerated at: Address:

|  |
| --- |
| **CASE MANAGER** |

[ ]  Verified [ ]  Denied

Comments:

Case manager Signature Date

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| --- |
| **SUPERINTENDENT** |

[ ]  Approved [ ]  Denied

Comments:

Superintendent Signature Date

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| --- |
| **RECEIVING FACILITY** |

[ ]  Verified [ ]  Denied

Comments:

Case manager Signature Date

[ ]  Approved [ ]  Denied

Comments:

Superintendent 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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