~~~~**COST OF SUPERVISION REFUND**

**ADDRESS VERIFICATION**

For use by individuals who have been notified in writing they are eligible for a Cost of Supervision (COS) refund of COS paid on a cause(s) vacated due to the Blake decision and are *not* currently on active Department supervision.

This form and the proof of identification documents are required to verify your mailing address with the Department for refunding purposes. **This is the ONLY way to update your address for refunding purposes.** If the form and proof documents are not received within 60 days of the date on the notification letter, any refund due will be processed as unclaimed property.

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| **PART 1 - APPLICANT INFORMATION** |

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| --- | --- | --- | --- | --- | --- |
| First name: | | | Middle: | | |
| Last (include convicted name if applicable): | | | | | DOC number: |
| Mailing address: (street) | | | | | |
| City: | State: | | | Zip code: | |
| Date of birth: | | |  | | |
| Phone number: | | E-mail: | | | |

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| **PART 2 - PROOF OF IDENTIFICATION** |

Refer to the Proof of Identification Documents on page 2 and provide either:

A copy of one document from List A **OR** A copy of two documents from List B

*Subject to the perjury laws of the State of Washington, I hereby certify that the information provided is true and correct and that I am the individual in the Department of Corrections number listed above and am entitled to a refund of any cost of supervision previously paid.*

Individual name Signature Date

*I hereby certify that I am the attorney of record for the above individual.*

Shape

Description automatically generated with low confidence

Legal representation name WSBA number Signature Date

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| **PART 3 - SUBMIT FORM AND DOCUMENTS** |

Submit completed form and document(s) through ***one*** of the following:

Mail to: Washington State Department of Corrections

Attn: CCD LFO/COS unit

PO Box 41126

Olympia, WA 98504-1126

Email to: [DOCBlakeCOS@doc1.wa.gov](mailto:DOCBlakeCOS@doc1.wa.gov)

Drop off: Any Department facility/office

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| **DEPARTMENT USE ONLY** |

Please mail or email the provided form and documents to the COS unit at the address above.

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| **IDENTIFICATION DOCUMENTS** |

A copy of ***one*** of the following: (must be valid with photo)

* Driver’s License, Instruction Permit, or state-issued ID Card
* Valid Washington State Temporary Driver’s License
* U.S. Armed Forces I.D. Card
* Merchant Marine I.D. Card issued by the U.S. Coast Guard
* Official Passport, Passport Card, NEXUS Card
* Washington State Tribal Enrollment Card (No expiration date required)

**OR**

A copy of ***two*** of the following:

* Expired Washington Driver’s License, Instruction Permit, or state-issued ID Card
* Cell phone bill or statement
* Home utility bill or service document (bill, statement, hook-up order, etc.)
* Bank or credit card document (statement, card mailer, etc.)
* School transcript or report card
* DSHS benefit letter (medical, food, etc.)
* Tribal ID
* Proof of home ownership (mortgage or property tax document, deed, title, etc.)
* Selective Service Card
* Homeowner’s or renter’s insurance policy
* Auto insurance policy declaration page, or binder
* Consulate ID card or Mexican Federal Electoral Card
* Paycheck or paystub with the employer’s name and phone number or address
* Washington professional license (nursing, physician, engineer, pilot, etc.)
* W-2 Form from an employer or Form 1099
* Letter attesting residence in alternative housing (ie., assisted living, college campus, mission, senior housing, shelter, or retirement home) on company letter with a phone number that can be used in verification of the facility

**\*\*Important\*\***

If your name has changed and does not match your DOC number on file, you must provide documentation showing your previous and new name. Examples of this include:

* Certified copy of a court order showing your change of name
* Certified copy of divorce decree showing the new name or authorizing a name change
* Marriage certificate that has been filed with the county or authorizing issuing authority and has the control or file number.

**Legal representation:**

Please provide either a copy of the Notice of Appearance Subject to the perjury laws of the State of Washington or proof of current representation.

**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.**

Distribution: **ORIGINAL** - Image file **COPY** - [DOC LFO/COS](mailto:COS@doc1.wa.gov)