



PERSONAL PROPERTY DISPOSAL

- Reentry Center
 Community Parenting Alternative
 Graduated Reentry

Name: _____

DOC number: _____

I understand the Department is not responsible for any of my property should I escape or be transferred back to a higher level of custody. The person identified below has been given permission to take possession of my personal property.

I request all my belongings be picked up by:

Name	Relationship	Phone number

Address	City, State	Zip Code

I understand that if this person cannot be located and/or will not accept the items, the property will be held for 90 days. After 90 days, the property will be destroyed or donated to a charitable organization.

Signature	Date

Case manager	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.

Distribution: **ORIGINAL** - Case manager file **COPY** - Participant