



# PREFERENCES REQUEST

Documented legal name: \_\_\_\_\_ DOC number: \_\_\_\_\_

(proof of legal name can be birth certificate, current Washington State identification/driver's license, or court document)

Name as it appears on the Judgment and Sentence: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Preferred pronoun(s): \_\_\_\_\_

Individual identifies as:  Transgender man  Transgender woman  Non-binary

Sex at birth:  Male  Female  Intersex

Wants to keep this information confidential from other individuals:  Yes  No

Preferred gender to conduct searches/urinalysis while under the jurisdiction of the Department:

Male  Female  No preference

If the individual is in confinement:

Would like to have gender affirming garments according to gender identity:  Yes  No

Feels safe being housed/placed in the general population:  Yes  No

Requests to be placed in gender-affirming housing:  Yes  No

If yes, complete Gender-Affirming Housing Request on back

I am not under any duress and am voluntarily signing this document as my truth:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Reentry Center Manager/  
Community Corrections Supervisor

\_\_\_\_\_  
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** - Superintendent/Reentry Center Manager/Community Corrections Supervisor  
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# GENDER-AFFIRMING HOUSING REQUEST

I am requesting placement at: \_\_\_\_\_

I believe this is a better housing placement for me because:

\_\_\_\_\_  
\_\_\_\_\_

I will benefit from placement at my requested facility by:

\_\_\_\_\_  
\_\_\_\_\_

My concerns about placement at my requested facility are:

\_\_\_\_\_  
\_\_\_\_\_

My history will indicate potential risk to the population at my requested facility because:

\_\_\_\_\_  
\_\_\_\_\_

I will reduce this potential risk by:

\_\_\_\_\_  
\_\_\_\_\_

Any other factors that the Multi-Disciplinary Team (MDT) should consider:

\_\_\_\_\_  
\_\_\_\_\_

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