



REQUEST FOR INTER-FACILITY TELEPHONE COMMUNICATION

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

SUPERINTENDENT

Approved Denied

Comments: _____

Superintendent Signature Date

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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