



# PROHIBITED CONTACT REVIEW

Name \_\_\_\_\_ DOC number \_\_\_\_\_ Judgment & Sentence (J&S) number \_\_\_\_\_

For the following reasons, contact should not be allowed with: \_\_\_\_\_

- The individual's J&S prohibits contact with the person or class of persons during or upon release.
- The person, or parent/legal guardian of a minor being contacted, has requested in writing that the contact be stopped or restricted.
- There is an active no contact order with the person.
- A current Pre-Sentence Investigation (PSI) recommends no contact.
- The person was a participant in a crime of conviction with the individual.
- The nature of a specific treatment program requires prohibited contact with the person or class of persons.
- The person or class of persons has been victimized by the individual.
- A no contact order has been rescinded or does not exist, but facility management has reason to believe that allowing contact would be counter to sound correctional practices or legitimate penological objectives.
- The person was found to have engaged in staff sexual misconduct or have committed staff sexual harassment against any individual as defined in DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting.

Comments: \_\_\_\_\_  
\_\_\_\_\_

Incarcerated individual's signature \_\_\_\_\_ Date \_\_\_\_\_

Case manager \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETED BY CORRECTIONAL UNIT SUPERVISOR, IF APPLICABLE**

Recommendation:  Approve  Deny      Comments: \_\_\_\_\_

Correctional Unit Supervisor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETED BY TREATMENT PROFESSIONAL, IF APPLICABLE**  
**For mental health treatment or Sex Offender Treatment and Assessment Program**

Recommendation:  Approve  Deny      Comments: \_\_\_\_\_

Correctional Unit Supervisor \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETED BY CORRECTIONAL PROGRAM MANAGER (CPM)/COMMUNITY CORRECTIONS SUPERVISOR (CCS)**

Approve  Deny      Comments: \_\_\_\_\_

CPM/CCS \_\_\_\_\_ 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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