

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
COMMUNITY PARTNERSHIP PROGRAM

COMMUNITY RESTITUTION CREW REFERRAL

BASIS OF REFERRAL:

_____ Stipulated Agreement (sanction)	_____ Hearings Process (OAA sanction)
_____ OAA, CCI or CCO requirement (while unemployed/not in school)	_____ Hearings Process (Court sanction)
_____ Original Sentenced Hours (to Community Restitution)	_____ Hearings Process (Work Release sanction)
_____ Original Sentenced Days (to Work Crew)	_____ Other: (explain)_____

*Note: 1 day on crew equals 8 hrs.

_____ Offender Name (Last, First)	_____ DOC Number	_____ Classification
_____ Number of Required Hours/Days	_____ Start Date	_____ Supervising CCO
_____ Schedule of Hours (i.e. Daily, Weekly, Monthly)	_____ CCO Office/Work Release	
_____ Hours Completed By Date	_____ CCO Phone Number	

I have been provided the information that will enable me to report and participate on crew, and acknowledge that I am required to complete crew hours on the above noted schedule.

_____ Offender Signature	_____ Date	_____ CRC or CCO Signature
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A Community Restitution Questionnaire (DOC 05-103) that has been signed, dated and completed by a CCO with the offender must accompany this referral. A completed Community Restitution Worker Work Clearance (DOC 05-505) must also be included if the questionnaire indicates physical/mental health issues that require one. Please note any physical/mental health issues that the crew supervisor needs to be aware of: _____

Criminal History/Information:

Note current supervised offense(s) and any past history of sex offenses, serious or predatory violent offenses, and include any community/victim/offender safety concerns that should be considered while supervising this individual on crew.

.Please forward to: MS: WT-43 or Fax to: (253)597-4352 or (253)597-4390