



DEPOSIT REJECTION NOTICE

SECTION A: BUSINESS OFFICE COMPLETES

Name _____ DOC number _____ Date received _____

Facility _____ Unit _____ Rejection number _____

Received from: _____ Deposit amount: \$ _____

Address: _____

- Deposit rejected Deposit on hold
- Superintendent/designee approval needed to deposit to more than one trust account.
- Other: _____

SECTION B: REVIEW REQUEST

You are hereby notified in writing that you may request a review of this action within 10 days of the date notified. State your reason(s) why the deposit should be placed into your account or returned to the sender at your expense.

Date notified: _____

Reason(s): _____

Signature _____ Date _____

SECTION C: SUPERINTENDENT/DESIGNEE DECISION

- Allow some or all of the funds to be returned to the sender at the incarcerated individuals' expense. Amount returned: \$_____. Postage equal to the commissary price of one envelope will be charged to your account.
- Release the funds to the incarcerated individual.
- Funds declared as contraband for deposit to the Betterment Fund.

Superintendent/designee _____ Signature _____ Date _____

Directions:
 Section A - Business Office forwards to the incarcerated individual.
 Section B - Incarcerated individual provides reason(s) why the funds should be released or returned. Forward form to the Superintendent/designee.
 Section C - Complete and forward to Business Office.

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** - Business Office **COPY** - Incarcerated individual, Superintendent (if applicable)