



COMMUNITY CONTACT/CHAPERONE PROPOSAL

Name _____ DOC number _____ Date of request _____

PROPOSED CONTACT/CHAPERONE INFORMATION

Last name _____ First _____ MI _____

() _____ () _____ () _____ () _____

Daytime number _____ Work _____ Evening/message _____ Cell _____

Explain your relationship: _____

How long have you known them? _____

How did you meet them? _____

Why have you chosen this individual? _____

What are your desired plan(s) and goal(s) while with the chaperone/contact? _____

Answer the following questions and initial. Use the space provided to explain any answers checked number 1 or 'Yes' to 2, 3, 4.

_____ 1. Have you fully disclosed to the proposed chaperone/contact of your criminal and/or sexual offending history?..... Yes No

_____ 2. Have you been prosecuted, or otherwise, due to sexual offending behavior toward the proposed chaperone/contact? Yes No

_____ 3. Do you have a financial relationship with the individual? Yes No

_____ 4. To your knowledge, does the individual abuse alcohol or drugs? Yes No

Signature _____ Date _____

Submit this form to any member of your Resident Community Transition Team (RCTT).

Case manager/RCTT member name _____ 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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