

## Date:

Name (Last, First)	DOC number	Date of birth
Mailing address:		<ul> <li>Present address</li> <li>Last known address</li> </ul>
Cause number(s):		County:

I hereby request that the Board appoint an attorney to assist me in my defense during the violation/revocation hearing process.

Signature

The case manager confirms the above named is unable to pay for a private attorney.

Case manager

Signature

Signature

Approved by

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 00-03, RCW 42.56, and RCW 40.14.

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