



STANDARD RULES

- Reentry Center Community Parenting Alternative (CPA) Graduated Reentry

You must agree to abide by the following rules:

1. Continue your approved plan until officially changed. Any modification of the plan must be authorized in writing by your case manager.
2. Comply with any facility rules or special restrictions and/or conditions imposed in writing by your case manager. You may appeal in writing to the Reentry Center/Community Corrections Supervisor if you consider any of the restrictions to be unwarranted or arbitrary.
3. Remain confined at the facility/approved residence at all times other than the time necessary to implement your plan or when on an authorized outing or pass. If you willfully fail to return at the time specified, you will be deemed an escapee and fugitive from justice, and upon conviction will be guilty of a felony and sentenced in accordance with the terms of RCW 9A or RCW 9.94A.
4. Have employment or other resources in order to meet financial needs.
5. Not consume, ingest, inject, or possess non-prescription narcotic or "dangerous" drugs or controlled substances, alcoholic beverages, marijuana, or foods containing poppy seeds.
6. Comply with all federal, state, and local laws.
7. Deposit all earnings into the Inmate Banking System account if housed in a Reentry Center.

CPA/Graduated Reentry Participants

Your home is subject to search by the case manager anytime there is a reasonable suspicion that an infraction may have occurred. Your sponsor/support person must sign a search waiver.

Custodial Sexual Misconduct

I am aware that sexual conduct between myself and a Department employee/contract staff is a violation of Washington State law under RCW 9A.44.160. Any allegation of custodial sexual misconduct will be investigated and may result in the prosecution of the employee/contract staff. I understand that under the law, there is no consensual sex between an employee of a correctional agency and a person under correctional supervision. I understand the reporting process for custodial sexual misconduct. ***If you have any questions, you may contact the Reentry Center or Reentry Senior Administrator at: _____ or by calling 1-800-586-9431.***

Waivers

I hereby waive extradition to the state of Washington from any state or territory of the United States or from the District of Columbia should it be the case that I am found outside of the state of Washington and am subject to return to Washington State custody pursuant to RCW 72.65, or any other provision of Washington State law.

I also agree that I will not contest any effort to return me to the state of Washington. I make this waiver of extradition freely, voluntarily, and without compulsion. No one has threatened harm of any kind to me or any other person to cause me to make this waiver. No person has made promises of any kind to cause me to make this waiver, except as set forth in this agreement.

I have been informed and fully understand that by waiving extradition, I am waiving the following rights:

- (a) The right to issuance and service of a warrant of extradition.
- (b) The right to obtain a writ of habeas corpus under RCW 10.88.290.
- (c) The right to counsel.
- (d) The opportunity to petition the executive of the asylum state for relief from extradition.

I have also been informed and fully understand that once I sign this agreement, the waiver of extradition is irrevocable.

Name	Signature	DOC number	Date
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Case manager	Signature	Date
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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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