



EXTENDED FAMILY VISIT PROPERTY WAIVER

Name: _____ DOC number: _____ Cell/bed number: _____

I understand that it is recommended that I secure my property in my locker or other secured space prior to my Extended Family Visit (EFV) as this is the best way to ensure my property is protected.

If I choose to leave my property unsecured in my assigned cell for the duration of my EFV, I will not hold the State of Washington or the Washington State Department of Corrections, this facility, and/or assigned employees, contract staff, cellmate(s), or any other incarcerated individual responsible for any damage to or loss of my unsecured property.

Signature

Date

Employee 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.

Distribution: **ORIGINAL** – EFV or Visiting Department **COPY** – Incarcerated Individual file