



FURLOUGH APPLICATION AND PLAN

Date: _____
Facility/office: _____

INDIVIDUALS INFORMATION

_____ Name	_____ DOC number	_____ Race	_____ Sex
_____ Birthdate	_____ Height	_____ Weight	_____ Eyes
_____ Earned release date	_____ FBI number	_____ Scars/marks/tattoos	

Offenses

Sex offender Violent Indeterminate Sentence Review Board

REQUESTED PLAN

Reason: Family emergency Emergency medical care
 Other: _____

Proposed destination _____
Mode of transportation

Sponsor N/A _____
Address _____
Phone

Begin date: _____	Time: _____	End date: _____	Time: _____
Begin date: _____	Time: _____	End date: _____	Time: _____
Begin date: _____	Time: _____	End date: _____	Time: _____
Begin date: _____	Time: _____	End date: _____	Time: _____

I agree to abide by the approved furlough plan, including all special restrictions and requirements per [RCW 72.66.026](#).

Signature _____
Date

COMMUNITY CORRECTIONS OFFICER (CCO) REVIEW

Law enforcement notified? Yes No Victim Services Program notified? Yes No

Comments: _____

CCO _____
Signature _____
Date

COMMUNITY CORRECTIONS SUPERVISOR (CCS) APPROVAL

Previous furlough(s)? Yes No Day(s) used: _____

Approved **Denied**, reason(s): _____

Special restrictions:

- No operation of a motor vehicle
- Not authorized to leave county of furlough without permission
- Not authorized to visit: _____
- Not authorized to enter into marriage
- Not authorized to cash checks
- Not authorized to make purchases by installment plan
- Not to associate with individuals under Department jurisdiction or those who have been involved in previous offenses
- No use of or association with persons known to use or possess illegal drugs, narcotics, or controlled substances
- Contact CCO during furlough: _____

Address

Phone

- To be with the sponsor at all times
- To remain at furlough residence from _____ p.m. to _____ a.m.
- Other: _____

Post-furlough investigation requested? Yes No Complete by date: _____

Comments: _____

CCS

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** - CCO **COPY** - Incarcerated Individual, Records, CCS