REQUEST FOR DENIAL OF REENTRY CENTER PLACEMENT

Name ___________________________ DOC number ________ Date ________

Select
Reentry Center ____________________ Employee name ____________________ Referring facility ________

The individual is prohibited from Reentry Center placement per DOC 300.500 Reentry Center Screening for the following reason(s):

☐ Will not be assigned Minimum 1 custody within 12 months of the Earned Release Date (ERD) or 18 months for individuals eligible for Graduated Reentry, or had a custody demotion after approval
☐ Has an open felony detainer/warrant (i.e., notification, extraditable, non-extraditable)
☐ Has an open Immigration and Customs Enforcement (ICE) detainer
☐ Has an Out-of-State release plan
☐ Had or currently has an End of Sentence Review Committee referral recommending civil commitment
☐ Has a serious medical/mental health condition and has not been cleared for Reentry Center placement as determined by the sending facility health services employees/contract staff
☐ Has been convicted of Murder 1, except when Reentry Center is part of the reentry planning process per DOC 350.300 Mutual Reentry Program
☐ Has a current local victim safety concern
☐ Has been convicted of Rape 1 and is within the first 3 years of confinement
☐ Has been sentenced with a weapons enhancement under RCW 9.94A.533 and the mandatory portion of the sentence has not been completed
☐ Is a sex offender not amenable to crime-related treatment and poses public safety/community risk
☐ Has refused assessment or has not completed mandatory programming and was found guilty for the refusal during incarceration
☐ Does not intend to become gainfully employed or participate in education or employment training
☐ Has a consecutive or active concurrent sentence from another jurisdiction
☐ Has been terminated from a Reentry Center and/or Graduated Reentry during the current incarceration due to disciplinary action(s)
☐ Does not meet local interagency agreement criteria

Explain: ____________________________________________

☐ Other: ____________________________________________

Community Corrections Supervisor ___________________________ Signature ___________________________

Headquarters action: ☐ Verified ☐ Referred to Headquarters Community Screening Committee

Reviewer ___________________________ 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 - Headquarters Classification Unit

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