



PERSONAL VEHICLE USE AUTHORIZATION

Reentry Center

Community Parenting Alternative (CPA)

Graduated Reentry

You may request to use a personally-owned vehicles for legitimate purposes related to your case plan only (e.g., employment, legal, housing appointments, medical/dental). Vehicle use must be approved by the Reentry Program Administrator/Community Corrections Supervisor (CCS). Before authorization, you must provide proof of a valid driver's license, registration, and insurance.

Name: _____

DOC number: _____

I agree to the following conditions and expectations when operating a motor vehicle. I recognize that driving is a privilege and not a right.

1. I do not have a crime of conviction involving a motor vehicle. Does not include driving while license suspended/revoked.
2. Myself or immediate family member/friend must be the registered owner.
3. I will be legally and financially responsible for all costs incurred for vehicle operation and maintenance, including traffic/parking fines and damage to property/others.
4. I may request to use a personally-owned vehicle for the purpose of obtaining a Washington State driver's license. Use of the vehicle must be approved by the Reentry Program Administrator/CCS.
5. Each vehicle use must be preapproved by your case manager.
6. Vehicles will be operated in a responsible, safe manner and comply with all traffic laws and regulations, including appropriate use of child restraint systems.
7. Vehicles are subject to search per DOC 420.325 Searches and Contraband for Partial Confinement or DOC 420.390 Arrest and Search.
8. I must immediately notify a Community Corrections Officer/case manager when a traffic violation/vehicle accident occurs.
9. For Graduated Reentry/CPA, only immediate family on the approved visiting list may be allowed to ride in the same vehicle with you. No exceptions.
10. For Graduated Reentry/CPA, only children with approved custody are allowed to be with you in the vehicle, unless approved in advance.
11. For Graduated Reentry/CPA, vehicle authorization will be reviewed on the first of each month for appropriate use and continued approval.

Incarcerated individual signature

Date

VEHICLE DESCRIPTION

Year: _____ Make: _____ Model: _____
 Color: _____ State/country: _____ License plate: _____

IMMEDIATE FAMILY MEMBER/FRIEND AUTHORIZATION

I, _____, allow, _____, to use my personally-owned vehicle for legitimate purposes related to their case plan only. By signing, I am confirming that I am the registered owner. At any time, I may notify the case manager to rescind this authorization, including the reason(s), and remove the vehicle from the facility/residence. The case manager will document the notification as a chronological event in the individual's electronic file.

Registered owner

Signature

Date

AUTHORIZATION

Case manager

Signature

Date

Reentry Program Administrator/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** - Case manager

COPY - Incarcerated individual, Registered owner