

**PERSONAL PROPERTY DISPOSAL**

[ ]  Reentry Center [ ]  Community Parenting Alternative [ ]  Graduated Reentry

Name:       DOC number:

I understand the Department is not responsible for any of my property should I escape or be transferred back to a higher level of custody. The person identified below has been given permission to take possession of my personal property.

I request all my belongings be picked up by:

Name Relationship Phone number

Address City, State Zip Code

I understand that if this person cannot be located and/or will not accept the items, the property will be held for 90 days. After 90 days, the property will be destroyed or donated to a charitable organization.

Signature Date

      

Case manager 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 file **COPY** - Individual