



NOTICE OF FUTURE SUPERVISION

Name: _____ DOC number: _____

The cause(s) listed below meets the criteria for future supervision by the Department of Corrections per RCW 9.94A.589. Court-ordered sentence requirements will remain in effect from date of sentence. Department supervision for the below listed cause(s) will begin when the current cause(s) ends.

CAUSE NUMBER	COUNTY
/	
/	
/	

REPORTING OBLIGATION: Report to your case manager for remaining active cause(s). When the current cause(s) ends, you will need to report to your case manager to complete a new intake process for the above listed cause(s).

Signature of the individual Date Case Manager/Records Employee Date
City, Washington Zip Code

TYPIST:cco

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 00-03, RCW 42.56, and RCW 40.14.

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