



WORK/TRAINING RELEASE INTAKE INFORMATION

Name				Date
DOC number	FBI #	SID #	SSN	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	Skin tone	Date of birth	Place of birth
Height	Weight	Eyes	Hair	Violent: <input type="checkbox"/> Yes <input type="checkbox"/> No
Assigned case manager				Phone number

PERSONAL INFORMATION

Abuse: Alcohol Drugs/types: _____

Suicidal Yes No Marital status: _____

Personal physician, if applicable: _____ Phone number: _____

Allergies: _____

Medical, dental, and/or mental health concerns/needs: _____

Social history:

VEHICLE INFORMATION

Make	Model	Color	Year	License number
Insurance company			Policy number	

SPONSORS (S) / VISITORS (V)

S V _____ S V _____

S V _____ S V _____

S V _____ S V _____

SPONSOR VEHICLE INFORMATION

Make	Model	Color	Year	License number
Insurance company			Policy number	

NOTIFY IN CASE OF EMERGENCY / ILLNESS, INJURY, DEATH

Next of kin name	Relationship		Phone number
Address	City	State	Zip
Name <input type="checkbox"/> Family <input type="checkbox"/> Other Contact	Relationship		Phone number
Address	City	State	Zip

CONVICTION INFORMATION

Next hearing type: _____ Date: _____ Earned/Planned Release Date: _____

LEGAL STATUS

Crime	County of conviction	Cause number	Sentence date
Length of placement	Condition of placement		
Crime	County of conviction	Cause number	Sentence date
Length of placement	Condition of placement		
Crime	County of conviction	Cause number	Sentence date
Length of placement	Condition of placement		
Crime	County of conviction	Cause number	Sentence date
Length of placement	Condition of placement		

Prior escapes: Yes No From: _____

LAST KNOWN ADDRESS OF ESCAPEE PRIOR TO ARREST, CONVICTION, AND INCARCERATION

Address (Essential for violent)	City	State
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Signature	Date
Employee/contract staff name	Signature
	Date

Referring agency or committing authority: _____

Reason for referral: _____

NOTE:

- Parolees, probationers, Sentencing Reform Act individuals with less than one year, and county boarders **should not be** called into HEADQUARTERS as escapees.
- Work Ethic Camp individuals at Work/Training Release for sanction or waiting for a plan **should be** called in as a Community Custody escape **NOT** a Work/Training Release escape.

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. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Duty Station