

COST OF SUPERVISION REFUND ADDRESS VERIFICATION

For use by individuals who have been notified in writing they are eligible for a Cost of Supervision (COS) refund of COS paid on a cause(s) vacated due to the Blake decision and are *not* currently on active Department supervision.

This form and the proof of identification documents are required to verify your mailing address with the Department for refunding purposes. This is the ONLY way to update your address for refunding purposes. If the form and proof documents are not received within 45 days of the date on the notification letter, any refund due will be processed as unclaimed property.

PART 1 - APPLICANT INFORMATION						
First name:			Middle:			
Last (include convicted name if applicable):						DOC number:
Last (illiciade convicted fiame il applicable).						DOC Humber.
Mailing addre	ess: (street)					
City:	State:				Zip code:	
Date of birth:						
Date of biltin.						
Phone number	er:		E-mail	:		
PART 2 - PROOF OF IDENTIFICATION						
Refer to the Proof of Identification Documents on page 2 and provide either:						
☐ A copy of one document from List A OR ☐ A copy of two documents from List B						
Subject to the perjury laws of the State of Washington, I hereby certify that the information provided is true and correct and that I am the individual in the Department of Corrections number listed above and am entitled to a refund of any cost of supervision previously paid.						
Individual name			Signature			Date
I hereby certify that I am the attorney of record for the above individual.						
The day solary that I am the attentity of record for the above marriaga.						
Legal representation name WSBA number			Signature			Date
PART 3 - SUBMIT FORM AND DOCUMENTS						
Submit completed form and document(s) through one of the following:						
Mail to: Washington State Department of Corrections						
Attn: CCD LFO/COS unit						
PO Box 41126						
	Olympia, WA 98504					
Email to:	DOCBlakeCOS@do					
Drop off:	Any Department fac	ility/office				
DEDARTMENT LISE ONLY						

Please mail or email the provided form and documents to the COS unit at the address above.

DOC 06-065 (Rev. 03/12/24)
Scan Code COS - Refund Address Verification

IDENTIFICATION DOCUMENTS

A copy of **one** of the following: (must be valid with photo)

- Driver's License, Instruction Permit, or state-issued ID Card
- Valid Washington State Temporary Driver's License
- U.S. Armed Forces I.D. Card
- Merchant Marine I.D. Card issued by the U.S. Coast Guard
- Official Passport, Passport Card, NEXUS Card
- Washington State Tribal Enrollment Card (No expiration date required)

OR

A copy of **two** of the following:

- Expired Washington Driver's License, Instruction Permit, or state-issued ID Card
- Cell phone bill or statement
- Home utility bill or service document (bill, statement, hook-up order, etc.)
- Bank or credit card document (statement, card mailer, etc.)
- School transcript or report card
- DSHS benefit letter (medical, food, etc.)
- Tribal ID
- Proof of home ownership (mortgage or property tax document, deed, title, etc.)
- Selective Service Card
- Homeowner's or renter's insurance policy
- Auto insurance policy declaration page, or binder
- Consulate ID card or Mexican Federal Electoral Card
- Paycheck or paystub with the employer's name and phone number or address
- Washington professional license (nursing, physician, engineer, pilot, etc.)
- W-2 Form from an employer or Form 1099
- Letter attesting residence in alternative housing (ie., assisted living, college campus, mission, senior housing, shelter, or retirement home) on company letter with a phone number that can be used in verification of the facility

Important

If your name has changed and does not match your DOC number on file, you must provide documentation showing your previous and new name. Examples of this include:

- Certified copy of a court order showing your change of name
- Certified copy of divorce decree showing the new name or authorizing a name change
- Marriage certificate that has been filed with the county or authorizing issuing authority and has the control or file number.

Legal representation:

Please provide either a copy of the Notice of Appearance Subject to the perjury laws of the State of Washington or proof of current representation.

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.

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