MANDATORY SAVINGS ACCOUNT ACCESS

Name ____________________________  DOC number __________  Facility ____________________________

I am requesting that $__________ be released from my mandatory savings account to:

Name ____________________________  Relationship ____________________________

The purpose of this request is:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature ____________________________  Date __________

CASE MANAGER COMPLETES

As of __________ the mandatory savings account balance is $__________.

Date __________

Current assignment: ____________________________  Current rate of pay: ____________________________

Custody level: ____________________________  Earned Release Date: ____________________________

Next classification review date: __________

Current Legal Financial Obligations?  □ Yes  □ No

Restitution involved?  □ Yes  □ No

DECISION

□ Approved  □ Denied

Comments:

________________________________________________________________________

________________________________________________________________________

Superintendent/CCS/designee ____________________________  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.

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