DEPOSIT REJECTION NOTICE

SECTION A: BUSINESS OFFICE COMPLETES

Name ___________________________ DOC number ___________ Date received ___________

Facility ___________________________ Unit ___________ Rejection number ______

Received from: ___________________________ Deposit amount: $ ___________

Address: ___________________________

☐ Deposit rejected ☐ Deposit on hold
☐ Superintendent/designee approval needed to deposit to more than one trust account.
☐ Other: ___________________________

SECTION B: REVIEW REQUEST

☐ You are hereby notified in writing that you may request a review of this action within 10 days of the date notified. State your reason(s) why the deposit should be placed into your account or returned to the sender at your expense.

Date notified: ___________________________

Reason(s):

________________________________________________________________________

________________________________________________________________________

Signature ___________________________ Date ___________

SECTION C: SUPERINTENDENT/DESIGNEE DECISION

☐ Allow some or all of the funds to be returned to the sender at the incarcerated individuals’ expense. Amount returned: $ ___________. Postage equal to the commissary price of one envelope will be charged to your account.

☐ Release the funds to the incarcerated individual.

☐ Funds declared as contraband for deposit to the Betterment Fund.

Superintendent/designee ___________________________ Signature ___________________________ Date ___________

Directions:

Section A - Business Office forwards to the incarcerated individual.
Section B - Incarcerated individual provides reason(s) why the funds should be released or returned. Forward form to the Superintendent/designee.
Section C - Complete and forward to Business Office.

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 - Business Office COPY - Incarcerated individual, Superintendent (if applicable)