FORMAL HEADQUARTERS COMMUNITY SCREENING COMMITTEE (HCSC)/LIFE WITHOUT PAROLE DECISION

Date referred	HCSC meeting date	Current assigned custody
Name	DOC number	Facility
Referred from	Type of referral	

HCSC DECISION

- ☐ Approve Reentry Center placement
- ☐ Concur with Reentry Center denial
- ☐ MI3 - Community risk
- ☐ MI3 - Mental health
- ☐ Refer to Secretary/designee
- ☐ Refer to Mutual Reentry Plan Staffing Committee
- ☐ Approve International Treaty Transfer
- ☐ Approve out-of-state transfer
- ☐ Approve MI2 - Long Term Minimum
- ☐ Approve extraordinary medical placement
- ☐ Approve for Graduated Reentry participation
- ☐ Concur with Graduated Reentry denial
- ☐ Other: _____

LIFE WITHOUT PAROLE COMMITTEE DECISION

Custody level: ☐ Close ☐ Medium ☐ MI3 ☐ Retain

- ☐ Transfer to: _____
- ☐ Refer to Assistant Secretary for Reentry/designee for MI3 approval
- ☐ Other: _____

Chair	Signature	Date
Assistant Secretary for Reentry/designee for MI3 approval	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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