Date referred: ____________________________

HCSC meeting date: ____________________________

Current assigned custody: ____________________________

Name: ____________________________

DOC number: ____________________________

Facility: ____________________________

Referred from: ____________________________

Type of referral: ____________________________

HCSC DECISION

☐ Approve Work Release
☐ Concur with Work Release denial
☐ MI3 - Community risk
☐ MI3 - Mental health
☐ Refer to Secretary/designee
☐ Refer to Mutual Reentry Plan Staffing Committee
☐ Other: ____________________________

☐ Approve International Treaty Transfer
☐ Approve out-of-state transfer
☐ Approve MI2 - Long Term Minimum
☐ Approve extraordinary medical placement

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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