



COMMUNITY CONTACT/CHAPERONE PROPOSAL

Name DOC number Date of request

PROPOSED CONTACT/CHAPERONE INFORMATION:

Last name First MI

( ) ( ) ( ) ( )
Daytime number Work Evening/message Cell

Explain your relationship:

\_\_\_\_\_
\_\_\_\_\_

How long have you known them? \_\_\_\_\_

How did you meet them?

\_\_\_\_\_
\_\_\_\_\_

Why have you chosen this individual?

\_\_\_\_\_
\_\_\_\_\_

What are your desired plan(s) and goal(s) while with the chaperone/contact?

\_\_\_\_\_
\_\_\_\_\_

Answer the following questions and initial. Use the space provided to explain any answers checked number 1 or 'Yes' to 2, 3, 4.

- 1. Have you fully disclosed to the proposed chaperone/contact of your criminal and/or sexual offending history?
2. Have you been prosecuted, or otherwise, due to sexual offending behavior toward the proposed chaperone/contact?
3. Do you have a financial relationship with the individual?
4. To your knowledge, does the individual abuse alcohol or drugs?

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signature Date

Submit this form to any member of your Resident Community Transition Team.

Team member name 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.