ORDER OF FURLOUGH

Facility/office: ________________________________

__________________________, DOC number ____________, has been granted a furlough under the following conditions:

Begin date: ____________ Time: ____________ End date: ____________ Time: ____________

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In addition to the requirements per RCW 72.66.026, the special restrictions are imposed:

☐ No operation of a motor vehicle
☐ Not authorized to leave county of furlough without permission
☐ Not authorized to visit: ________________________________________________
☐ Not authorized to enter into marriage
☐ Not authorized to cash checks
☐ Not authorized to make purchases by installment plan
☐ Not to associate with individuals under Department jurisdiction or those who have been involved in previous offenses
☐ No use of or association with persons known to use or possess illegal drugs, narcotics, or controlled substances
☐ Contact Community Corrections Officer (CCO) during furlough: ________________________________

Address ___________________________________________________________________________ Phone ________________________________

☐ To be with the sponsor at all times
☐ To remain at furlough residence from _____ p.m. to _____ a.m.
☐ Other: _____________________________________________________________________________

My signature acknowledges that I have read, understand, and agree to abide by the conditions and restrictions of the furlough order. I understand if I willfully fail to return to the designated place of confinement by the end date and time, I will be subject to disciplinary action per RCW 72.66.090 and DOC 09-186 Order of Suspension, Arrest and Detention will be issued for my arrest.

_________________________________  Signature ______________ Date

Name

_________________________________  Signature ______________ Phone

CCO

_________________________________  Signature ______________ Date

Witness

If the furlough is extended beyond the end date, all conditions and special restrictions of the original furlough order will continue to apply during the extension.

Extension granted until: End date: ____________ Time: ____________

Community Corrections Supervisor (CCS) ________________________________ Date

Signature ___________________________________________________________________________

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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