REQUEST AND AUTHORIZATION ADMINISTRATIVE DISMISS WITHOUT PREJUDICE (DWOP)

REQUEST

This request is for an Administrative DWOP to retain the Department's ability to take action on a future conviction.

Offender Name	DOC number	Supervision Type(s):
Date of Law Violation(s):	Current Supervised Cause(s):	

Failure to Obey all Laws Violation(s) to be dismissed without prejudice:

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_____	_____	_____
Community Corrections Officer	Signature	Date

_____
Office

AUTHORIZATION – HEARINGS DECISION

☐ Administrative DWOP granted. The above violation(s) may be addressed in the future and sanctions may be imposed.
☐ Administrative DWOP denied.

Reason(s) for Denial:

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_____	_____	_____
Hearings Administrator/designee or Hearings Duty Officer	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. Upon completion, the data classification category may change.

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