



IN-STATE TRANSFER REFERRAL FOR INDIVIDUALS ON COMMUNITY SUPERVISION

Name: _____ DOC number: _____ Date: _____

Offense/sentence:

Classification

Proposed unit and Community Corrections Supervisor (CCS) name:

Proposed address

If the person is homeless, provide geographic locations where the individual indicates they frequent or temporarily reside.

If the individual is residing at the proposed address prior to acceptance, has the CCS of the sending and proposed unit approved the individual to reside there during the investigation? Yes No

6157 (CCP) No Yes If yes, note the county of first felony conviction: _____

Reporting instructions (Reminder – Direct the individual to report to the receiving office within one business day of arrival at that location and follow the reporting instructions from that unit.)

Sponsor name: _____ Sponsor phone number: _____

Other occupants in the home, if applicable:

Name	Relationship	Age	Note victim type if sex offender

Safety concerns (e.g., dogs, weapons history, outbuildings, gang involvement)

Conditions, community safety issues, geographic restrictions (Compliance status – Copy the referral to the Community Victim Liaison to ensure victims are alerted to the move and address any victim issues or safety planning needs. Remind the individual if they have registration requirements.)

Location of any employment/source of income, vocational or educational involvement/needs, transitional support, program resources.

Treatment needs and current involvement (Include name and phone number of treatment provider)

Referring case manager name and phone number (Forward as an attachment to an email to the appropriate employee for assignment to a case manager for investigation.)

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.