DRUG/ALCOHOL USE ADMISSION

Name	DOC number	Date

I make the following statement freely and voluntarily to Department of Corrections employees/ contract staff. I fully acknowledge that this statement, in whole or in part, may be used against me at a later appearance before the court or at a Department of Corrections hearing. There has been no force, fear, or duress used, nor have any threats or promises been made to me for making this statement.

On the following date: _____

I freely and voluntarily admit that I used: _____

_____

Reason(s): _____

_____

_____

_____

Signature	Location	Date	Time

Witness	Signature	Title/position

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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