**SEPARATION/PROHIBITION ADDITION/REMOVAL**

- [ ] Prohibitive placement request
- [ ] Keep separate request
- [ ] Review

<table>
<thead>
<tr>
<th>Name</th>
<th>DOC number</th>
<th>Facility/unit</th>
</tr>
</thead>
</table>

**SOURCE OF INFORMATION**

- [ ] Incarcerated individual
- [ ] Employee/contract staff/volunteer
- [ ] Law enforcement
- [ ] Electronic/Imaging file
- [ ] Central file
- [ ] Court
- [ ] Judgment and Sentence

Does the individual know any individual(s) currently incarcerated with the Department who:

Would be a safety/security risk to their self or others?  [ ] Yes  [ ] No

Committed a crime against them or their friend/family member/significant other?  [ ] Yes  [ ] No

Narrative: ____________________________________________________________

Can the information provided be verified?  [ ] Yes  [ ] No

If yes, how? _________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>DOC #</th>
<th>Facility</th>
<th>Reason</th>
<th>Type of Separation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>[ ]</td>
</tr>
</tbody>
</table>

- [ ] No new information provided

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Date</th>
</tr>
</thead>
</table>

**SEPARATION TYPE**

- [ ] Retaliation - testimony
- [ ] Retaliation - informant
- [ ] Gang rivals
- [ ] Related to
- [ ] Co-defendants
- [ ] Court-ordered separation
- [ ] Investigation
- [ ] Predator
- [ ] Friend is a victim
- [ ] Related to crime victim
- [ ] Victimized on street
- [ ] Victimized in jail
- [ ] Placed label
- [ ] Sexual activity
- [ ] Crime partner
- [ ] Harassing
- [ ] Prison Rape Elimination Act (PREA) predator
- [ ] PREA victim
- [ ] Fighting
- [ ] Management concern/issue
- [ ] Married to: Ex-spouse  [ ] Ex-significant other
- [ ] Assaulted: Racial  [ ] Sexual
- [ ] Threatened: Drugs  [ ] Gambling  [ ] Racial  [ ] Money  [ ] Other -

**PROHIBITED PLACEMENT**

**Facility type:**
- [ ] Court
- [ ] County facility
- [ ] Field
- [ ] Institution
- [ ] Jail
- [ ] Out-of-State
- [ ] Administrative
- [ ] Education
- [ ] County Prosecuting Attorney
- [ ] County Sheriff Office

**Institution type:**
- [ ] Assisted living
- [ ] Prison
- [ ] Level 2 facility
- [ ] Community Parenting Alternative
- [ ] Work/Training Release

Prohibited facility: ____________________________
PROHIBITED REASON

☐ Allergies  ☐ Protect victim  ☐ Mandatory precludes placement
☐ Police informant  ☐ Incarcerated notoriety  ☐ Crime prevents placement
☐ Interstate agreement  ☐ Community agreement  ☐ Person/incecarcated conflict
☐ Notorious crime  ☐ Local notoriety  ☐ Related to personnel
☐ Threatened personnel  ☐ Assaulted personnel  ☐ Harassed personnel
☐ Personnel was victim  ☐ Personnel friend was victim  ☐ Personnel relative was victim
☐ Former law enforcement  ☐ Former criminal justice  ☐ Former DOC personnel
☐ Drug Offender Sentencing Alternative (DOSA) restriction  ☐ Past business relationship
☐ Indeterminate Sentence Review Board (Board) request  ☐ Secretary denies placement
☐ Headquarters Community Screening Committee denies placement
☐ Conflict with general population  ☐ Cooperated with law enforcement
☐ Management concern:  ☐ Personnel  ☐ Volunteer

INCARCERATED INDIVIDUAL REQUEST TO REMOVE/REDUCE

I, ______________________, DOC number, __________, certify that on this date ________
I am requesting the keep separate be □ REMOVED or □ REDUCED between myself and the
following individual(s) while housed in a Department of Corrections facility. I am making this request
by my own choice without duress, and no promises have been made to me to make this request
concerning my current separation concerns.

Reason for request (incarcerated individual initial):

________  No longer a threat or foresee a physical confrontation
________  We are not crime partners or have testified against each other
________  My Judgment and Sentence does not require separation
________  I am not pressured or targeted by a Security Threat Group
________  I have no fear of being pressured or have not intimidated others into separation

Comment(s): ___________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>DOC #</th>
<th>Status</th>
<th>Reason</th>
<th>Type of Separation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□</td>
</tr>
</tbody>
</table>

Signature ___________________________ Date ____________________________
CASE MANAGER/INTELLIGENCE AND INVESTIGATIONS UNIT RECOMMENDATION

☐ Information supporting the request is available and verified
☐ No information available/information not verified

Comment(s):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Case manager/Investigator  Signature  Date

CORRECTIONAL PROGRAM MANAGER (CPM) OR HIGHER AUTHORIZATION

☐ Approved  ☐ Denied

Reason(s) for denial:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

CPM or higher  Signature  Date

FACILITY/STATE SEPARATION/PROHIBITION (FASSAP) COMMITTEE

Summary of analysis:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The following members were in attendance:

Classification and Case Management Administrator  Chief of Investigative Operations

Logistics Classification Manager  Operations Classification Manager

Mission Housing Administrator

☐ Approved  ☐ Denied  ☐ Alternate option

Decision comments:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Chair/designee  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.

Distribution: ORIGINAL - Imaging system