



SEPARATION/PROHIBITION ADDITION/REMOVAL

Prohibitive placement request
 Keep separate request
 Review

Name _____ DOC number _____ Facility/unit _____

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? _____

Name	DOC #	Facility	Reason	Type of Separation					
				Cell	Tier	Quad	Unit	Facility	State
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No new information provided

Name _____ Position _____ Date _____

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Protect victim | <input type="checkbox"/> Mandatory precludes placement |
| <input type="checkbox"/> Police informant | <input type="checkbox"/> Incarcerated notoriety | <input type="checkbox"/> Crime prevents placement |
| <input type="checkbox"/> Interstate agreement | <input type="checkbox"/> Community agreement | <input type="checkbox"/> Personnel/incarcerated conflict |
| <input type="checkbox"/> Notorious crime | <input type="checkbox"/> Local notoriety | <input type="checkbox"/> Related to personnel |
| <input type="checkbox"/> Threatened personnel | <input type="checkbox"/> Assaulted personnel | <input type="checkbox"/> Harassed personnel |
| <input type="checkbox"/> Personnel was victim | <input type="checkbox"/> Personnel friend was victim | <input type="checkbox"/> Personnel relative was victim |
| <input type="checkbox"/> Former law enforcement | <input type="checkbox"/> Former criminal justice | <input type="checkbox"/> Former DOC personnel |
| <input type="checkbox"/> Drug Offender Sentencing Alternative (DOSAs) restriction | <input type="checkbox"/> Past business relationship | |
| <input type="checkbox"/> Indeterminate Sentence Review Board (Board) request | <input type="checkbox"/> Secretary denies placement | |
| <input type="checkbox"/> Headquarters Community Screening Committee denies placement | | |
| <input type="checkbox"/> Conflict with general population | <input type="checkbox"/> Cooperated with law enforcement | |
| <input type="checkbox"/> Management concern: <input type="checkbox"/> Personnel | <input type="checkbox"/> 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): _____

Name	DOC #	Status	Reason	Type of Separation					
				Cell	Tier	Quad	Unit	Facility	State
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
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CORRECTIONAL PROGRAM MANAGER (CPM) OR HIGHER AUTHORIZATION

- Approved Denied

Reason(s) for denial: _____

CPM or higher	Signature	Date
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FACILITY/STATE SEPARATION/PROHIBITION (FASSAP) COMMITTEE

Summary of analysis: _____

The following members were in attendance:

Classification and Case Management Administrator	Chief of Investigative Operations
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Logistics Classification Manager	Operations Classification Manager
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_____ Mission Housing Administrator

- Approved Denied Alternate option

Decision comments: _____

Chair/designee	Signature	Date
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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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