

## PARENT/GUARDIAN CONSENT FOR MINOR VISIT AND/OR ESCORT

WASHINGTON STATE			MINOR VISIT AND/OR ESCORT		
Incarcerated individual:			DOC number:		
Visitor Application and/o	or DOC 21-415 E	xtended Family V	ridual. Attach this complisit Application/Acknowl completed form to doch	edgment. To u	odate authorized
	decisions on be	half of the minor(	to process the minor viss) listed below. I unders		
Minor name (print)		Month and year of birth			Month and year of birth
above named incarcera	ted individual.	-	escort the minor(s) liste		
Anyone who will be esc		. ,	minor(s) parents, must		
Adult escort name	Month and year of birth	Relationship to minor	Adult escort name	Month and year of birth	Relationship to minor
	L	EGAL AUTHOR	RITY CONSENT		
Cian in the presence of	a Natam / Dublia				
Sign in the presence of	a Notary Public		ity name (print)		
		Signature		Da	ate
l do swear either from p of the person before me			actory evidence, that th	e signature on t	this form is that
SUBSCRIBED AND SW	VORN BEFORE	ME THIS	OF		th, Year
	hen submitted by L	Department of Childre	n, Youth, and Families (DCY)		
SEAL	JOTT GUGGWORKOTT	o roquirou.			
		NOTARY PU	JBLIC signature		
		Notary Public	c in and for the state of:		
		County of:			
		Name:			
		My commiss	ion expires:		

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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