Department of Corrections
WASHINGTON STATE

EXTENDED FAMILY VISIT FACILITY ACTION

Incarcerated individual: _____ DOC number: _____

CASE MANAGER REVIEW

Crime of conviction: _____

☐ Yes ☐ No History of domestic violence. If yes, explain: _____

For out-of-state, federal and other individuals under another jurisdiction that are housed in Washington State Department of Corrections:

- Check electronic file for court imposed conditions prohibiting Extended Family Visiting (EFV) participation.
- Headquarters Visit Unit will forward the request for EFV privileges to determine if the sending state will allow participation in the program.
- Headquarters Visit Unit will check the electronic file of out-of-state and federal incarcerated individuals housed in Washington for court imposed conditions prohibiting EFV participation.
- The sending jurisdiction must authorize participation in an EFV program.

☐ Yes ☐ No Is the individual eligible to participate by the supervising jurisdiction?
If no, explain:

Comments:

_____

INCARCERATED INDIVIDUAL INFORMATION:	Yes	No
Incarcerated for 1) at least 6 consecutive months if serving less than 5 years, or 2) at least 12 consecutive months if serving 5 or more years.	☐	☐
Found guilty of any of the following infractions within the past 5 years? 501, 502, 507, 511, 521, 550, 601, 602, 604, 611, 635, 650, 651, 704, or 711. If yes, list infraction(s) with date(s): _____	☐	☐
Found guilty of any of the following infractions within the past 3 years? 603, 607, 633, or 744. If yes, list infraction(s) with date(s): _____	☐	☐
Found guilty of any of the following infractions within the past year? 606, 707, 752, or 778? If yes, list infraction(s) with date(s): _____	☐	☐
Any pending, non-adjudicated infractions that may result in the visit being denied? If yes, list infraction(s) with date(s): _____	☐	☐
Any unresolved/outstanding felony warrants or detainers? (excludes ICE detainers)	☐	☐
Actively and successfully participating in a reentry plan, school, or work assignment, or has established that a reasonable effort has been made?	☐	☐
Housed in pre-hearing confinement, disciplinary/administrative segregation, or on intensive management status?	☐	☐
Charged with a felony which has been referred for prosecution to an outside law enforcement agency?	☐	☐
If this application includes children, is there documented history of sex offenses involving children?	☐	☐
Is there documented history of domestic violence?	☐	☐
Are there mental health problems/disorders? If yes, attach a psychological assessment and recommendation by a mental health professional.	☐	☐

If the application includes minor child(ren), are they actively and successfully participating in structured parenting programs, if available?	☐	☐
Being treated for a condition that may be adversely affected if a visit occurs? If yes, attach recommendation from a medical provider.	☐	☐
Does the individual meet policy requirements for EFV participation*?	☐	☐

INCARCERATED INDIVIDUAL ACKNOWLEDGMENT

I have read and am familiar with DOC 590.100 Extended Family Visiting and its attachments. I agree to abide by policies and will submit myself for urinalysis (UA) testing prior to and after completion of my visit. I accept financial responsibility for any damages to the EFV unit or equipment provided.

Incarcerated individual signature _____ Date _____

ACTION REQUESTED

☐ Approval ☐ Denial ☐ Suspension _____ days ☐ Termination ☐ Reinstatement

Case manager _____ Signature _____ Date _____

FACILITY RISK MANAGEMENT TEAM

☐ Recommend approval ☐ Recommend denial

Team members participating: _____

Comments:

_____

_____

FRMT Chairperson _____ Signature _____ Date _____

SUPERINTENDENT

☐ Approved ☐ Denied ☐ Headquarters approval required (Attach DOC 21-470)

Comments:

_____

_____

Superintendent _____ 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.

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