



## EXTENDED FAMILY VISIT FACILITY ACTION

Incarcerated individual: \_\_\_\_\_ DOC number: \_\_\_\_\_

CASE MANAGER REVIEW
Crime of conviction: _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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:
<ul style="list-style-type: none"> <li>Check electronic file for court imposed conditions prohibiting Extended Family Visiting (EFV) participation.</li> <li>Headquarters Visit Unit will forward the request for EFV privileges to determine if the sending state will allow participation in the program.</li> <li>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.</li> <li>The sending jurisdiction must authorize participation in an EFV program.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/>	<input type="checkbox"/>
Found guilty of any of the following infractions within the past 5 years? 501, 502, 507, 511, 521, 550, 601, 602, 604, 611, 633, 636, 650, 651, 711, 704. If yes, list infraction(s) with date(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
Found guilty of any of the following infractions within the past 3 years? 553, 603, 607, 744, 752, 778. If yes, list infraction(s) with date(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
Found guilty in the past year of infraction 606 or 707? If yes, list date(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
Any pending, non-adjudicated infractions that may result in the visit being denied? If yes, list infraction(s) with date(s): _____	<input type="checkbox"/>	<input type="checkbox"/>
Any unresolved/outstanding felony warrants or detainers? (excludes ICE detainers)	<input type="checkbox"/>	<input type="checkbox"/>
Actively and successfully participating in a reentry plan, school, or work assignment, or has established that a reasonable effort has been made?	<input type="checkbox"/>	<input type="checkbox"/>
Housed in pre-hearing confinement, disciplinary/administrative segregation, or on intensive management status?	<input type="checkbox"/>	<input type="checkbox"/>
Charged with a felony which has been referred for prosecution to an outside law enforcement agency?	<input type="checkbox"/>	<input type="checkbox"/>
If this application includes children, is there documented history of sex offenses involving children?	<input type="checkbox"/>	<input type="checkbox"/>

