



**EXTENDED FAMILY VISIT (EFV)
REVIEW DECISION/RECOMMENDATION**

Facility: _____

Appeal

Review

Name: _____

DOC number: _____

Visitor name	Age (if a minor)	Relationship

Earned Release Date: _____

Additional information:

Summary of current conviction:

Infraction history:

Visit history (include video visit history):

Yes No Are there any DV indicators? If yes, provide details (e.g., relationship of victim if known, what the indicator is, etc.)

Yes No Is there a history of sex offenses? If yes:

Yes No Has the individual had Sex Offender Treatment Assessment Program (SOTAP) screening?

Yes No If screened, is the individual amenable to treatment?

RECOMMENDATION/DECISION

Approve Deny Partial

Visitor name	Approved	Denied	Reason for denial
	<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"/>	

Committee member(s) present:

Date of committee: _____

Agree Disagree

Deputy Assistant Secretary

Signature

Date

Agree Disagree

Corrections Program Administrator

Signature

Date

Agree Disagree

Committee Member

Signature

Date

Agree Disagree

Committee Member

Signature

Date

Agree Disagree

Sex Offender Treatment and Assessment
Program representative (if applicable)

Signature

Date

Comments:

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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