



CONTROL CARD

DOC number:	SSN:	Race	
Committed name:			
Alias(es):		Gender	
County:	Case number:	Height	
Crime(s):			
Date of offense:	Date received/time start:	Weight	
Sentence:		Build	
Minimum:	Date of sentence:		
Birthdate:	Birthplace:	Eyes	
Occupation:			
Contact/mailling address:		Hair	
Prior crime:		Complexion	
WA SID #:	FBI #:		
Comments:		Scars/tattoos:	

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.

DOC 21-574 (Rev. 01/06/23)

DOC 420.100, DOC 420.115, DOC 420.315, DOC 700.000, DOC 780.200



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