



NOTIFICATION OF RELEASE

| |
|-------------------|
| NOTIFICATION DATE |
| RELEASE DATE |

TO: Chief of Police, City of _____

Sheriff, County of _____

Tribal Law Enforcement Agency(s) _____

FROM: Department of Social and Health Services

| | |
|------------------|--------------------------------------|
| CONTACT PERSON | TELEPHONE NUMBER (INCLUDE AREA CODE) |
| FACILITY NAME | |
| FACILITY ADDRESS | |

SUBJECT: _____
OFFENDER'S NAME

RELEASE TYPE: Discharge/release Conditional release Parole
 Transfer to community placement Authorized leave Escape (follow-up information)
 Release to a less restrictive setting Furlough Expiration of sentence
 Other: _____

For parole or transfer to community of a sex offender, use form DSHS 09-747A.

OFFENDER INFORMATION

| | | | | | | | | |
|--------------------------------------|---------------|----------------------------|--------------|------------------------|--------|--------|--------|------|
| NAME | | DSHS IDENTIFICATION NUMBER | | SOCIAL SECURITY NUMBER | | | | |
| STATE ID NUMBER | JRA NUMBER | SCC NUMBER | FBI NUMBER | DOC NUMBER | | | | |
| ALIASES | | | | | | | | |
| OFFENSE/CRIME REQUIRING NOTIFICATION | | | | | | | | |
| COUNTY | | | CAUSE NUMBER | | | | | |
| PHYSICAL DESCRIPTION | DATE OF BIRTH | AGE | EYES | HAIR | HEIGHT | WEIGHT | GENDER | RACE |
| | TATTOOS/SCARS | | | OTHER | | | | |

RELEASE

| | | | |
|-------------------------------------|------|--------------------|-------------------------------|
| PLANNED RESIDENCE/PLACEMENT ADDRESS | | | |
| SUPERVISING AGENCY | | SUPERVISING PERSON | |
| AGENCY ADDRESS | CITY | ZIP CODE | TELEPHONE (INCLUDE AREA CODE) |

Released ONLY on approval/review of facility superintendent/administrator or designee.

NOTIFICATION OF RELEASE

ADDITIONAL INFORMATION

SPECIFIC ITINERARY

DESTINATION

RETURN DATE/TIME

ADDITIONAL OFFENDER INFORMATION * (MUST BE APPROVED BY FACILITY SUPERVISOR OR DESIGNEE)

RISK FACTORS (I.E., TARGET POPULATIONS, SUBSTANCE ABUSE, HISTORY OF TREATMENT THAT IS PERTINENT TO RELEASE, ETC.). LIST ANY PRIOR SEX OFFENSE HISTORY INCLUDING RISK LEVEL CLASSIFICATION IF AVAILABLE.)

CRIMINAL HISTORY

CONDITIONS OF RELEASE WHICH ARE OF INTEREST TO LAW ENFORCEMENT (I.E., GEOGRAPHIC RESTRICTIONS, NO CONTACT ORDERS)

PHOTOGRAPH (ATTACH HERE IF AVAILABLE)

PERSON COMPLETING FORM

TELEPHONE NUMBER (INCLUDE AREA CODE)