



Business Pass Request

Name: _____ Date Submitted: _____

Date of Pass: _____

Purpose of Pass: _____

Appointment Time(s): _____

Method of Transportation: Drive Ride Bus Other _____

(Staff Only) Assigned Leave Time: _____ Est. Return Time: _____

<p>Escort Information: (required for inmates on Work/Therapy status)</p> <p>Name: _____ Relationship: _____</p> <p>Address: _____ Phone: _____</p> <p>Has your escort been approved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Destination/Location(s):

Location #1: _____ Phone: _____

Address: _____ Estimated Time at Location: _____

Location #2: _____ Phone: _____

Address: _____ Estimated Time at Location: _____

Location #3: _____ Phone: _____

Address: _____ Estimated Time at Location: _____

I understand that while on this pass, I am required to call in all destination/location changes to the Community Corrections Facility. If I am at a location for an extended length of time, I understand that I am required to phone the facility every two (2) hours. I further understand that I am released for the expressed purpose of this pass only. Any deviation of this pass must have prior staff approval. If I fail to return to the facility, I will be charged with "Escape" as provided for under the Revised Code of Washington, and will be prosecuted for said crime.

Resident's Signature: _____ Pass approved by: _____

Leave Time: _____ Staff: _____ Return Time: _____ Staff: _____