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| STATE OF WASHINGTON |
|  |
|  BENTON COUNTY  FRANKLIN COUNTY |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,  |
| NOTICE OF EXCLUSION |
|  DOB: / / |
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You are a “COVERED OFFENDER” under Washington State law-- RCW 9A.44.190(5). “Covered offender” means a person required to register under RCW 9A.44.130 who is eighteen years of age or older, who is not under the jurisdiction of the juvenile rehabilitation authority or currently serving a special sex offender disposition alternative, whose risk level classification has been assessed at a risk level II or a risk level III pursuant to RCW 72.09.345, and who, at any time, has been convicted of one or more of the following offenses:

(a) Rape of a child in the first, second, and third degree; child molestation in the first, second, and third degree; indecent liberties against a child under age fifteen; sexual misconduct with a minor in the first and second degree; incest in the first and second degree; luring with sexual motivation; possession of depictions of minors engaged in sexually explicit conduct; dealing in depictions of minors engaged in sexually explicit conduct; bringing into the state depictions of minors engaged in sexually explicit conduct; sexual exploitation of a minor; communicating with a minor for immoral purposes; patronizing a juvenile prostitute;

 (b) Any felony in effect at any time prior to March 20, 2006, that is comparable to an offense listed in (a) of this

 subsection, including, but not limited to, statutory rape in the first and second degrees [degree] and carnal knowledge;

 (c) Any felony offense for which:

 (i) There was a finding that the offense was committed with sexual motivation; and

 (ii) The victim of the offense was less than sixteen years of age at the time of the offense;

 (d) An attempt, conspiracy, or solicitation to commit any of the offenses listed in (a) through (c) of this subsection;

 (e) Any conviction from any other jurisdiction which is comparable to any of the offenses listed in (a) through (d) of this

 subsection.

The undersigned is an owner, operator, manager, director, principal, or superintendent, of a “COVERED ENTITY” under Washington State law—RCW 9A.44.190(1). “Covered entity” means any public facility whose primary purpose, at any time, is to provide for the education, care, or recreation of a child or children, including but not limited to community and recreational centers, playgrounds, schools, swimming pools, and state or municipal parks. Specifically, the undersigned is the:

###  Owner Manager Principal

###  Operator Director Superintendent

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|  Richland Parks and Recreation Department  West Richland Parks and Recreation Department Kennewick Parks and Recreation Department Pasco Parks and Recreation Department  Prosser Parks and Recreation Department Connell Parks and Recreation Department  Benton County Facility and Parks Department Army Corps of Engineers Mid-Columbia Libraries Richland Library |   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ school district  A private school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| AND HE OR SHE WISHES TO EXCLUDE ALL COVERED OFFENDERS ON THE ATTACHED LIST FROM HIS/HER PARK(S), RECREATIONAL CENTER(S), PLAYGROUND(S), SCHOOL(S), SWIMMING POOL(S), LIBRARY OR LIBRARIES OR OTHER FACILITIES. |

of the: You are hereby given notice that you must leave the legal premises of the covered entity and may not return without the written permission of the owner, manager, operator, director, principal or superintendent of the covered entity.

The legal premises definitions are as follows:

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| If the covered entity is a PARKS AND RECREATION DEPARTMENT: | You are excluded from all community and recreation centers, playgrounds, swimming pools and municipal parks operated by the covered entity. |
| If the covered entity is a PUBLIC OR PRIVATE SCHOOL: | You are excluded from all premises of that school  |
| If the covered entity is a SCHOOL DISTRICT: | You are excluded from all premises of all schools within that district. |
| If the covered entity is a LIBRARY: | You are excluded from all premises of that library or all premises of all libraries operated by the covered entity. |

If you refuse to leave the above legal premises or thereafter return and enter within any of the above legal premises without written permission from the owner, manager, operator, director, principal, or superintendent of the covered entity, you may be charged and prosecuted for a felony offense as provided in RCW 9A.44.196.

The owner, operator, manager, director, principal or superintendent of this covered entity may give you written permission to enter and remain on the legal premises of the covered entity at particular times and for lawful purposes, including, but not limited to: conducting business, voting, or participating in educational or recreational activities. Any permission of entry and use of the legal premises of a covered entity must be clearly stated in a written document and personally served on you. If you violate the conditions of entry and use contained in a written document personally served on you by the covered entity, you may still be charged an prosecuted for a felony offense as provided for in RCW 9A.44.196.

If you do not believe you meet the definition of a “covered offender” under RCW 9A.44.190, you may file a petition in the Benton or Franklin County District Court.

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 PRINTED NAME SIGNATURE

\_\_\_/ /\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE SIGNED

By my signature, I acknowledge receipt of this document. I further acknowledge that I have read this document, understand its contents and agree to abide by its terms.

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PRINTED NAME SIGNATURE

 Benton County, Washington

### \_\_\_ / / Franklin County, Washington

DATE AND PLACE SIGNED

I certify that I am fluent in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ language. I have translated this entire document for the above-named individual, and he or she acknowledged understanding this notice.

 INTERPRETER

I certify (or declare) under penalty of perjury under the laws of the State of Washington that I served a copy of this notice on the above-named individual and witnessed their signature.

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PRINTED NAME SIGNATURE

 Benton County, Washington

### \_\_ \_/ / Franklin County, Washington

DATE AND PLACE SIGNED