

Jail Health Services

500 5th Avenue
Seattle, WA 98104

Phone: 206.296-1091
Fax: 206.296-1032

620 West James St
Kent, WA 98032

Phone: 206-477-2100
Fax: 206-205-2449

Public Health
Seattle & King County 

REQUEST FOR PSYCHIATRIC MEDICATIONS AT RELEASE FORM FROM KCCF OR MRJC

Public Health is not obligated to honor this request unless all portions are completed.

All requests should be completed in full and clearly legible. Public Health is not obligated to honor this request unless all portions are completed or if the form, or portions thereof, are illegible or if not received in a timely manner.

Please complete the following form to request for Psychiatric Medications at the time of release from King County Jail.

For inmates housed at the King County Correctional Facility in Seattle, fax the form to (206) 296-1032.

For inmates housed at the Maleng Regional Justice Center in Kent, fax the form to (206) 205-2449.

**** Jail Health Services requires three (3) business days to process requests ****

****7 days to property requests should only be made when expected release is 14 days or less****

Date of request: _____

Expected Release date: _____

Individual and Agency making request:

Individual: _____

Agency: _____

☐ I am representing Court Services

Phone number for questions or to notify if we are UNABLE to complete this request: _____.

Patient's Name: _____ Patient's UCN/BA#: _____ Patient's Date of Birth: _____

Please indicate release medications you are requesting at release with a checkmark in the box:

☐ 7-day supply of psychiatric medications to be put in the inmate's property.

☐ 30-day psychiatric prescription called to outside pharmacy. **The 30-day request is ONLY for patients releasing to inpatient substance use disorder treatment.** If requesting 30-day prescription, provide pharmacy name, fax number and phone number associated with the inpatient facility:

Pharmacy Name: _____

Pharmacy fax number: _____ Pharmacy phone #: _____.



King County

Jail Health Services

500 5th Avenue 620 West James St
Seattle, WA 98104 Kent, WA 98032
Ph: 206.296.1091 Ph: 206.477.2100
Fax: 206.296.1032 Fax: 206.205-2449

PATIENT NAME:

UCN #:

DOB:

HRN:

SEX: