



# PRISON DRUG OFFENDER SENTENCING ALTERNATIVE AGREEMENT

I acknowledge that the Drug Offender Sentencing Alternative (DOSA) program is the total sentence, from the date of sentencing to the completion/closure of community supervision, including the recommended level of care for substance use disorder treatment. I am considered an active participant in the DOSA program:

- During total/partial confinement while serving the DOSA sentence or when a past or future DOSA sentence is served during that confinement period, and
- While in the community during the time the DOSA community custody cause is being served.

Individuals may be administratively terminated from the DOSA program at any time for willful violations and noncompliance with the DOSA program (WAC 137-25-030 Serious violation 762).

- I am agreeing to participate in the DOSA program, including actively participating in all required treatment programs. Failure to do so may result in reclassification of the DOSA sentence.
- I am refusing participation in the DOSA program. A Department administrative hearing will be held per DOC 460.140 Hearings and Appeals and I may be reclassified to serve the unexpired term of my sentence as ordered by the sentencing court.
- Refused to sign. Witness: \_\_\_\_\_

Name	Signature	Date	DOC number

Substance Use Disorder Professional	Signature	Date

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