



DRUG OFFENDER SENTENCING ALTERNATIVE COMPLIANCE REVIEW

Name		DOC number
Cause(s) prefix	DOSA program/sentence start date	
Earned Release Date/Scheduled End Date	Supervision start date	

SUBSTANCE USE DISORDER TREATMENT

Yes No Substance use disorder assessment completed? Date: _____
 Treatment provider: _____ Agency: _____

Treatment status: N/A

Yes No Referred Date: _____
 Yes No Refused to enter as directed
 Yes No Compliant
 Yes No Currently enrolled
 Yes No Completed Date: _____
 Yes No Unsuccessful (i.e., terminated, incomplete, absconded, noncompliant) Date: _____
 If yes, reason: _____

DOSA COMPLIANCE

Yes No Compliance review hearing by sentencing court? Date: _____ N/A
 Yes No Compliant with DOSA program per DOC 580.655 Drug Offender Sentencing Alternative?
 If no, reason: _____
 Yes No Recommending referral for administrative termination or notification to the sentencing court. If yes, Correctional Program Manager (CPM)/Community Corrections Supervisor (CCS) or higher rank review required.

 Case manager Signature Date

CPM/CCS OR HIGHER RANK/RELEASE NOTIFICATION STATUS SCREEN

No action required Action required
 Reason for action: _____

 CPM/CCS or higher rank Signature Date

Completed compliance reviews must be emailed to docsadosarecords@doc1.wa.gov or mailed to:
ATTN: Substance Abuse Recovery Unit Administrator at P.O. Box 41123, Tumwater, WA 98504-1123.

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