



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

**COURT SPECIAL – DRUG OFFENDER
SENTENCING ALTERNATIVE**

REPORT TO: The Honorable County Superior Court	DATE:
NAME:	DOC NUMBER:
AKA:	DOB:
CRIME:	COUNTY CAUSE #:
SENTENCE:	DATE OF SENTENCE:
PRESENT ADDRESS:	TERMINATION DATE:
	STATUS:
MAILING ADDRESS:	CLASSIFICATION:

In accordance with RCW [9.94A.660](#), the following information is provided to the court regarding the above listed individual’s compliance with their Drug Offender Sentencing Alternative (DOSA) sentence.

Next scheduled hearing date: / /

- A Progress Hearing is scheduled to be held during the period of residential chemical dependency treatment.
- A Termination Hearing is scheduled to be held three months prior to the expiration of community custody.
- Other:

Treatment status:

- The individual is in long-term residential treatment.
- The individual is currently participating in a community treatment program.
- The individual completed a community treatment program on _____.

Adjustment and supervision summary:

- Yes No N/A The individual reports to the Department of Corrections as directed.
- Yes No N/A The individual is in compliance with conditions of

supervision.

Comments:

Yes No N/A The individual is actively job searching or gainfully employed.

Comments:

Yes No N/A Recommend termination of supervision on scheduled expiration date.

Comments:

I certify or declare under penalty of perjury of the laws of the state of Washington that the foregoing statements are true and correct to the best of my knowledge and belief based on the information available to me as of the date this report is submitted.

Submitted by:

Date

Case manager

Location/Facility

Address

City, Washington Zip Code

Telephone () -

typist/CCO/date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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