



DRUG OFFENDER SENTENCING ALTERNATIVE (DOSA) TREATMENT TERMINATION REPORT

Name _____ DOC number _____ Facility/Location _____ Earned Release Date _____

The individual has been terminated from the DOSA program. The termination, including any appeal, has been reviewed by the Substance Use Disorder (SUD) Professional, if applicable, and Substance Abuse Recovery Unit. The termination decision is valid based on the following:

TERMINATION IN SUD TREATMENT

Date admitted to treatment: _____ Level of care: _____ Treatment termination date: _____

Group participation:

Completion of written assignments and goals/objectives in the Individual Service Plan:

Clinical interventions, contracts, and outcomes:

Violations of DOC 14-039 Substance Use Disorder Treatment Participation Requirements and/or DOC 14-042 Prison Drug Offender Sentencing Alternative Agreement:

TERMINATION NOT IN SUD TREATMENT

Date of violation: _____ Serious General Violation #: _____

Program termination date: _____ Hearing outcome: _____ Custody demotion? Yes No

SUD assessment date:

Sentence date:

Prior DOSAs? Yes No

DOSA history:

DOC 14-042 Prison Drug Offender Sentencing Alternative Agreement signed? Yes No

SUD treatment history:

REVIEWERS

Attached documents:

Reason for termination/violation description:

Additional information:

Treatment Professional, if applicable Signature Date

DOSA Treatment Compliance Manager/designee Signature Date

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