DRUG OFFENDER SENTENCING ALTERNATIVE (DOSA)
TREATMENT TERMINATION REPORT

<table>
<thead>
<tr>
<th>Name</th>
<th>DOC number</th>
<th>Facility/Location</th>
<th>Earned Release Date</th>
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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

The records contained herein are protected by Federal Confidentiality Regulations 42 CFR Part 2. The Federal rules prohibit further disclosure of this information to parties outside of the Department of Corrections unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.

Distribution: **ORIGINAL** - Clinical File  **COPY** - Hearings Officer, if requested

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