



SUBSTANCE ABUSE RECOVERY UNIT TREATMENT TERMINATION DECISION

Name DOC number Date

Drug Offender Sentencing Alternative (DOSA) program termination date: _____

Date appeal received: _____

A review of your appeal and the discharge summary was conducted by the Substance Abuse Recovery Unit (SARU) to determine if the DOSA program termination decision is valid.

In summary, the appeal states:

APPEAL DECISION

AND THEREFORE, the decision is to:

- Affirm the termination and decision
- Reverse the termination

Comments: _____

Name

Signature

Correctional Program Manager/designee

Signature

SARU Administrator/designee

Signature

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