



# DRUG OFFENDER SENTENCING ALTERNATIVE (DOSA) PROGRAM TERMINATION REVIEW

\_\_\_\_\_  
Name DOC number Date

## TERMINATION IN SUBSTANCE USE DISORDER (SUD) TREATMENT

A discharge summary, including any recommendations and supporting documentation, was received and reviewed by the Substance Abuse Recovery Unit (SARU). The SARU has determined the treatment termination is:

- Clinically justified and affirmed
- Not clinically justified and reversed

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## TERMINATION NOT IN SUD TREATMENT

A discharge summary, including any recommendations and supporting documentation, was received and reviewed by the SARU. The SARU has determined the program termination is:

- Justified
- Not justified

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REVIEW COMMITTEE MEMBERS

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
Name Signature

\_\_\_\_\_  
DOSA Treatment Compliance Manager/designee Signature

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