Department of Corrections
WASHINGTON STATE

THREE MONTH (M3) REVIEW CHECKLIST

Name   DOC number   ICOTS number, if applicable

	Yes	No
1. Is the individual in compliance with reporting requirements? Action taken:	☐	☐
2. Is the individual in compliance with legal financial obligation payments? Action taken:	☐	☐
3. If applicable, is the individual in compliance with treatment requirements? Action taken:	☐	☐
4. If applicable, is the individual in compliance with the Drug Offender Sentencing Alternative (DOSA) program per DOC 580.655 Drug Offender Sentencing Alternative? *If NO, ensure the violation is addressed per DOC 580.655 Drug Offender Sentencing Alternative* Action taken:	☐	☐
5. If applicable, has a Residential DOSA compliance review hearing been scheduled/conducted by the sentencing court? Action taken:	☐	☐
6. If applicable, is the individual in compliance with community service hours? Action taken:	☐	☐
7. If applicable, review the most recent polygraph, including treatment and polygraph requirements. Is a polygraph required at this review? Action taken:	☐	☐
8. If the individual has an "obey all laws" requirement, does the criminal history record check reveal no new arrests? Action taken:	☐	☐
9. Is the individual in compliance with all remaining conditions? Action taken:	☐	☐
10. Is the individual at the M3 date? If YES, generate needed reports. Action taken:	☐	☐
11. Is there an unresolved violation process due to Conditional Release (CR)? Action taken:	☐	☐
12. Is there an unresolved Dismiss Without Prejudice (DWOP)? Action taken:	☐	☐

CLOSING REPORT SUMMARIZING PERFORMANCE DURING SUPERVISION FOR THIS CAUSE

Address the following, as appropriate: Adjustment to supervision/treatment, program participation, stability of residence, employment, family, and associates.

Reviewed by   Signature   Date

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