



# DRUG OFFENDER SENTENCING ALTERNATIVE COMPLIANCE REVIEW

Name		DOC number
Cause(s) prefix	DOSA program/sentence start date	
Earned Release Date/Supervision End Date	Supervision start date	

## SUBSTANCE USE DISORDER TREATMENT

Yes  No Substance use disorder assessment completed? Date: \_\_\_\_\_  
 Treatment provider: \_\_\_\_\_ Agency: \_\_\_\_\_

Treatment status:  N/A

Yes  No Referred Date: \_\_\_\_\_  
 Yes  No Refused to enter as directed  
 Yes  No Compliant  
 Yes  No Currently enrolled  
 Yes  No Completed Date: \_\_\_\_\_  
 Yes  No Unsuccessful (i.e., terminated, incomplete, absconded, noncompliant) Date: \_\_\_\_\_  
 If yes, reason: \_\_\_\_\_

## DOSA COMPLIANCE

Yes  No Compliance review hearing by sentencing court? Date: \_\_\_\_\_  N/A  
 Yes  No Compliant with DOSA program per DOC 580.655 Drug Offender Sentencing Alternative?  
 If no, reason: \_\_\_\_\_  
 Yes  No Recommending referral for administrative termination or notification to the sentencing court. If yes, Correctional Program Manager (CPM)/Community Corrections Supervisor (CCS) or higher rank review required.

\_\_\_\_\_  
 Case manager Signature Date

## CPM/CCS OR HIGHER RANK/RELEASE NOTIFICATION STATUS SCREEN

No action required  Action required

Reason for action: \_\_\_\_\_

\_\_\_\_\_  
 CPM/CCS or higher rank Signature Date

Completed compliance reviews must be emailed to [docsadosarecords@doc1.wa.gov](mailto:docsadosarecords@doc1.wa.gov) or mailed to:  
**ATTN: Substance Abuse Recovery Unit Administrator at P.O. Box 41123, Tumwater, WA 98504-1123.**

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