



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

**PRISON DOSA DEPORTATION/REMOVAL
ORDER HEARING DISPOSITION REPORT**

REPORT TO: The Honorable
County Superior Court

DATE:

NAME:
DOC NUMBER:
COUNTY:
CRIME:

CAUSE NUMBER:
DATE OF DOSA SENTENCE:
SCHEDULED HEARING DATE:

The above named individual was granted a Prison Drug Offender Sentence Alternative (DOSA) for the above listed cause(s). An individual with a Prison DOSA sentence serving total/partial confinement time or community supervision on an active DOSA cause, who are subject to a valid Immigration and Customs Enforcement (ICE) deportation/removal order will be reclassified by the Department to serve the remaining balance of the original sentence per DOC 580.655 Drug Offender Sentencing Alternative.

Name was sentenced to a Prison DOSA sentence on Date and became subject to a valid ICE deportation/removal order on Date.

Therefore, I am recommending reclassification of the DOSA sentence.

Attachments: DOSA Judgment and Sentence
ICE Deportation/Removal Order

I certify or declare under penalty of perjury of the laws of the state of Washington that the foregoing statements are true and correct to the best of my knowledge and belief.

Submitted by:

Approved by:

_____	_____	_____	_____
Name	Date	Supervisor	Date
Title/position			
Location/Facility			
Address			
City, Washington Zip Code			
Telephone () -			
typist/CCO/date			

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Hearing file **COPY** - Individual, Clerk's Office, Field file, Imaging file