



LESS RESTRICTIVE ALTERNATIVE DRUG/ALCOHOL TESTING ACKNOWLEDGMENT

Name DOC number Cause number(s)

NOTIFICATION AND REPORTING

As a condition of your supervision, you must submit to drug/alcohol testing as directed by your case manager. In addition to the standard conditions of supervision, the following is required:

1. Your case manager must be able to contact you to report for testing.
2. You must report on the day indicated by your case manager. Testing may be required on any day of the week.
3. Your failure to report for testing will be a violation of your supervision.
4. Changes in your address, employment, or telephone number(s) must be reported to the case manager immediately.

TESTING INSTRUCTIONS

1. Before testing, you must tell the case manager of any drugs, alcohol, or medication that you are taking, whether prescribed or not. Any prescribed medicines will require a doctor's note from your doctor prior to testing.
2. You must not take any medicines or drugs prescribed for anyone else.
3. You must not to eat/drink any items containing poppy seeds.
4. Refusal/failure to provide a urine sample within one hour may result in a violation which may lead to sanctions.

Nothing in the above instructions is meant to interfere with prescribed medical treatment. You are urged to seek detoxification under medical supervision if withdrawal is necessary as the result of your drug usage.

ACKNOWLEDGEMENT

Failure to comply with any of the above instructions, refusal to submit to testing, deliberate evasion, or use or possession of devices or additives to avoid or alter testing will result in violation proceedings.

I understand that it may be necessary for the case manager to inform my doctor of my parole/community custody and the condition to submit to drug/alcohol testing. If this occurs, a Release of Information will be secured before contact.

I understand and agree to follow these requirements as part of my supervision and I have received a copy of this acknowledgment.

Signature

Date

Case manager

Signature

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** - Case manager file **COPY** - Imaging file, Supervised individual