**PRISON DRUG SENTENCING**

**ALTERNATIVE AGREEMENT**

I acknowledge that the Drug Offender Sentencing Alternative (DOSA) program is the total sentence, from the date of sentencing to the completion/closure of community supervision, including the recommended level of care for substance use disorder treatment. I am considered an active participant in the DOSA program:

* During total/partial confinement while serving the DOSA sentence or when a past or future DOSA sentence is served during that confinement period, and
* While in the community during the time the DOSA community custody cause is being served.

Individuals may be administratively terminated from the DOSA program at any time for willful violations and noncompliance with the DOSA program (WAC 137-25-030Serious violation 762).

I am agreeing to participate in the DOSA program, including actively participating in all required treatment programs. Failure to do so may result in reclassification of the DOSA sentence.

I am refusing participation in the DOSA program. A Department administrative hearing will be held per DOC 460.140 Hearings and Appeals and I may be reclassified to serve the unexpired term of my sentence as ordered by the sentencing court.

Refused to sign. Witness:

Name Signature Date DOC number

Substance Use Disorder Professional Signature Date

**The records contained herein are protected by the Federal Confidentiality Regulations 42 CFR Part 2. The Federal rules prohibit further disclosure of this information to parties outside of the Department of Corrections unless such disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CRF Part 2.**

Distribution: **ORIGINAL** - Individual service record **COPY** - Individual, Case manager (if refuses to sign/participate)