

## DRUG OFFENDER SENTENCING ALTERNATIVE NON-ELIGIBILITY FINDING REPORT

To:	County Superior Court	Date of report:	
Cause number(s):			
Name: _		DOC number:	Birthdate:
Defense	attorney:	Sentencing date:	
Assessin	g agency:		
Name was assessed for a substance use disorder conducted on Date. Per RCW 9.94A.660, Name is not eligible for the Drug Offender Sentencing Alternative (DOSA) for the following reason(s):			
☐ Is not	diagnosed with a substance us	se disorder.	
☐ Does not meet the criteria for residential treatment.			
Assessment results indicate placement in outpatient treatment.			
☐ Medical condition prevents admission to non-hospital based facility.			
Possible mental health condition prevents admission into substance use disorder residential facility. It is recommended this individual receive a comprehensive mental health evaluation and follow recommendations.			
Substance	ce Use Disorder Professional	Signature	Date
disclosure o		Confidentiality Regulations 42 CFR Part 2. The Fede epartment of Corrections unless such disclosure is otherwise permitted by 42 CFR Part 2.	

Distribution: **ORIGINAL** - Substance Abuse Recovery Unit Records employees **COPY** - Sentencing court, Prosecuting attorney, Defense attorney