

**Superior Court of Washington  
County of**

**State of Washington**, Plaintiff,

v.

\_\_\_\_\_  
Defendant.

DOB:

PCN:

**No.**

**Order for Community Residential  
DOSA Screen and Pre-Sentence  
Examination per RCW 9.94A.660  
(ORDOSA)**

**Offense:** \_\_\_\_\_

The court will consider imposing a sentence under the **Residential** Substance Use Disorder Treatment-Based Alternative sentence (DOSA). It is hereby:

- **Ordered** that the defendant shall participate in a substance use disorder screening report and pre-sentence examination with a Department of Corrections (DOC) contracted provider. It is further:
- **Ordered** that sentencing in this case shall occur on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m. before Judge \_\_\_\_\_ in Room \_\_\_\_\_ of the \_\_\_\_\_ County Courthouse. It is further:
- **Ordered** that within 10 days of receiving this order, the examination report shall be faxed or delivered to the court at (fax number or room number): \_\_\_\_\_, to the Prosecuting Attorney at (fax number): \_\_\_\_\_, to the defendant (or defense counsel) (fax number): \_\_\_\_\_, and to the DOC Headquarters CD Unit.

[ ] Defendant is residing in the community. Defendant's name, address, and telephone number are: \_\_\_\_\_

[ ] Defendant is incarcerated at: \_\_\_\_\_

[ ] Defense counsel's name and address are: \_\_\_\_\_

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[ ] [ ] Prosecuting Attorney [ ] Defense Attorney will send this order to the DOC at:  
[docdosascreeing@doc1.wa.gov](mailto:docdosascreeing@doc1.wa.gov) or FAX: 360-586-0039.

**Dated:** \_\_\_\_\_ **Judge** \_\_\_\_\_

Presented by:

\_\_\_\_\_  
Deputy Prosecuting Attorney  
WSBA No.:  
Print Name:

\_\_\_\_\_  
Attorney for Defendant  
WSBA No.:  
Print Name:

\_\_\_\_\_  
Defendant  
Print Name: