73872-1

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FILED
COURT OF APPEALS DIV 1
STATE OF WASHINGTON
2015 APR 23 AM 10: 56

4-29-15
PETITIONER MAY FILE PETITION
WITHOUT PAYMENT OF FILING FEE

COURT ADMINISTRATOR/CLERK

No. 94280-3

IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON
DIVISION One 73872-1

In re Personal Restraint Petition of:

Matthew R. Schley,
Petitioner.

Case No. 14-C-0184-2 KNT

PERSONAL RESTRAINT PETITION

If there is not enough room on this form, use other pages and write "See Attached." Fill out this entire form before you sign this form in front of a notary public (free in the law library).

A. STATUS OF PETITIONER

R-5-F-10
DOC 746992

I, Matthew Ray Schley, Washington Correction Center. PO box 900 Shelton WA 98584
(Full name and current address)

apply for relief from confinement. **I am** now in custody serving a sentence on conviction of a crime. I am now in custody because of a *Judgment and Sentence.*

1. The court in which I was sentenced is: King County Superior.
2. I was convicted of the crime(s) of: burg 2 theft 1.
3. I was sentenced after (*check one*) Trial ____ Plea of Guilty X on 10-10-14.
   (Date of sentence)
4. The Judge who imposed sentence was 60 months w/ DOSA / Judge unknown No access To
5. My lawyer at trial court was ms Terry Rodgers Kemp
   (Name and address if known)

6. I did ____ did not X appeal from the decision of the trial court. If I did appeal, I appealed to: _____,

_____.
(*Name of court or courts to which appeal took place*)

7. My lawyer for my appeal was:_____.
(*Name and address if known or write "none"*)

The decision of the appellate court was ____ was not ____ published. (If the answer is that it ***was*** published, and I have this information) the decision is published in _____

_____.

8. Since my conviction I have ____ have not X asked a court for some relief from my sentence other than I have already written above. (If the answer is "I have asked a court", the court I asked was _____. Relief was denied on
(*Name of court*)

_____.
(*Date of Decision or, if more than one, all dates*)

(If you have answered in question 7 that you did ask for relief), the name of your lawyer in the proceedings mentioned in my answer was _____
(*Name and address if known*)

_____.

9. If the answers to the above questions do not really tell about the proceedings and the courts, judges and attorneys involved in your case, tell about it here: I am asking for relief of Judgement on The DOSA Revokation in my Subsequent hearing As To which my DOSA was Revoked in Violation of 127 Wn. App 165 2005 (Lorah McCay CASE 54212-5-1)

B. GROUNDS FOR RELIEF:

(If I claim more than one reason for relief from confinement, I will attach sheets for each separately, in the same was as the first one. The attached sheets should be numbered "First Ground", "Second Ground", Third Ground", etc.). I claim that I have ____ reason(s) for this court to grant me relief from the conviction and sentence described in Part A.

1 Ground
(First, Second, etc.)

1. I should be given a new trial or released from confinement because (State legal reasons why you think there was some error made in your case which gives you the right to a new trial or release from confinement): My DOSA was revoked because of the hearing officers misinterpretation of the apealate courts Rulings listed below.
2. The following facts are important when considering my case. (After each fact statement put the name of the person or person who know the fact and will support your statement of the fact. If the fact is already in the record of your case, indicate that also) All facts are Statedon attached written Statements, And Copies of infraction, Report Confidential information Checklist Are attached also Hearing appeal o
3. The following reported court decisions (indicate citations) in cases similar to mine show the error I believed happened in my case: (127 Wn, App. 165 2005 mccay) case 54212-5-1) also pg 110 p.3d 856 127 wn app 165) also wolff vs mcdonnell 418 U.S. 539, 561-62. 945 CT morrissay 408 US AT 484, 925 CT 2593, WAC 137-104 050 (14) mcneal 99 Wash app 628, 994 p.2d 890.
4. The following statutes and constitutional provisions should be considered by the court: _____
5. This petition is the best way I know to get the relief I want, and no other way will work as well because: I have exausted all other remedies.

C. STATEMENT OF FINANCES:

I cannot afford to pay the $250 filing fee or cannot afford to pay an attorney to help me fill out this form. I have attached a certified copy of my prison finance statement (trust account).

1. I do X do not ____ ask the court to file this without making me pay the $250 filing fee because I am so poor and cannot pay the fee.
2. I have $ 0 in my prison or institution account. (Attach ***certified*** six month statement of inmate trust account, available from inmate accounting.)
3. I do X do not ____ ask the court to appoint a lawyer for me.
4. I am ____ am not X employed. My salary or wages amount to $ 0 a month. My employer is:

   _____.

   (Name and address of employer)
5. During the past 12 months I did ____ did not X get any money from a business, profession or other form of self-employment. (If I did, I got a total of $ _____.
6. During the past 12 months I:

   Did ___ did not X receive any rent payments. If so, the total I received was $_____.

   Did ___ did not X receive any interest. If so, the total I received was $_____.

   Did ___ did not X receive any dividends. If so, the total I received was $_____.

   Did ___ did not X receive any other money. If so, the total I received was $_____.

   Did ___ did not X have any cash except as noted in (C)(2) above. If I do, the total cash I have is: $

   Did ___ did not X have savings or checking account. If so, total in all accounts is $_____.

   Did ___ did not X own stocks, bonds, or notes. If so, their total value is $_____.
7. List all real estate and other property or things of value which belong to you or in which you have an interest. Tell what each item or property is worth and how much you owe on it. Do not list household furniture, furnishings, and clothing which you or your family own.

Items	*Value*
NO ASSETS	

8. I am ___ am not X married. If I am, my wife or husband's name and address is:

   _____

   _____

9. All of the persons who need me to support them are listed below:

Name & Address	Relationship	Age
ariel Draeger	fiancé	24
amberlynne Diana Schley	Daughter	13 months

10. All the bills I owe are listed here:

Name & Address of creditor	Amount
LFO's - Washington Court System	$11,731.00

D. REQUEST FOR RELIEF:

I want this court to:

____ Vacate my conviction and give me a new trial.

____ Vacate my conviction and dismiss the criminal charges against me without a new trial.

X Other: Reinstate my DOSA Sentence

(*Please specify*)

E. OATH OF PETITIONER

STATE OF WASHINGTON)
) ss.
)

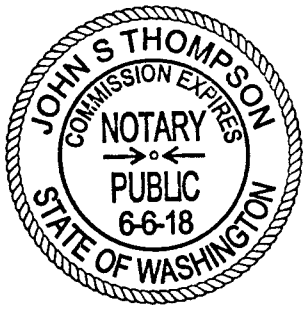
After being first duly sworn, on oath, I depose and say: That I am the petitioner, that I have read the petition, know its contents and I affirm the contents of this petition are true and correct under penalty of perjury of the laws of the State of Washington.

(sign before a Notary) _____

Print name: MATthew R Schley
DOC # 746992

SUBSCRIBED AND SWORN to before me this 20 day of April, 2015.

John S. Thompson
Notary Public in and for the State of Washington



PLRA IN FORMA PAUPERIS STATUS REPORT
FOR DEFINED PERIOD : 10/14/2014 TO 04/15/2015

DOC# : 0000746992 NAME : SCHLEY MATTHEW ADMIT DATE : 10/14/2014

DOB : 09/30/1975 ADMIT TIME : 11:22

AVERAGE MONTHLY RECEIPTS	20% OF RECEIPTS	AVERAGE SPENDABLE BALANCE	20% OF SPENDABLE
4.97	0.99	1.34	0.27

CASE LAW. Supporting my defense

CASE # 54212-5-1 (McCAY) 127 Wn. APP. 165.

" The State Concedes that the Serious Nature of a proceeding resulting in the revocation of A d.O.SA. Sentence Requires a preponderance of the evidence Standard of proof.

ALSO: Ref pg 110 P. 3d 856 127 wn app 165 McCAY
The assesment or decision depends upon " the extent to which an individual will be Condemned to Suffer a greuious Loss"

ALSO:
Wolff vs. McDonnell 418 U.S. 539, 561-62, 945 CT
" prison disciplinary actions, which result in Loss of good Time Credits, do not require the Same Level of due process, because of the important government interest in maintaining order in prison through prompt hearings and imposistion of punishments

ALSO: Morris&AY 408. US ATT 484, 925. CT 2593 and Wac. 137-104-050-(14)
And McDeal 99 wash app. 628. 994. P. 2d 890

↓ over

for DOSA violations alledgedly committed while in prison, however, D.O.C has apparently required only that the hearings officers findings be supported by "some evidence" in the record 7 FN9 under the same evidence standard if there is any evidence in the record that could support the conclusion reached by the hearings office, the decision is affirmed FN10 D.O.C concedes this was error and we concur

After examining, Wolff vs. McDonnell and McCay 2005, I deduce that the purpose of the ruling on behalf of both of these cases was to clarify, the difference between a D.O.C disciplinary hearing that results in the loss of good time and the much more serious. use of the same D.O.C violation as grounds to revoke a DOSA sentence, and the clarification is in ~~the~~ establishing the difference with which the standard of evidence is used. It is differentiated by D.O.C proceedings that result in loss of good time requiring only "some evidence" and any proceeding that results in a D.O.S.A revocation hearing, requiring a preponderance of evidence standard of proof.

The hearings officer presiding over my D.O.S.A revocation hearing, interpreted this to mean that simply because I was found guilty for the 505 infraction on a D.O.C level. that, that alone fulfilled the preponderance of evidence to revoke my D.O.S.A

I Contend that this was not the purpose of the apealate Courts Ruling. I believe that the ruling on behalf of McCAY, they intended To Clarify this very issue by Stating" because of the Serious nature of a proceeding it requires a preponderance of evidence

My interpretation of this ruling was To Specify that, any D.O.C infraction or D.O.S.A Violation, that is being used as the ("determining") factor of whether or not To revoke a D.O.S.A Sentence, Could not be based upon "Some evidence", but must be based upon a "preponderance of evidence" and my interpretation is based upon the apealate Courts attempt To further highlight their meaning by Stating in McCAY. "that" the assesment or decision depends upon the extent To which an individual Will Suffer a grevious Loss." and Specifying in McDonnell vs wolff the difference between the Two hearings and their purpose and even further by Stating in McCAY. pg 110 P.3d. 856, 127 wn app 165 and McNeal 99 wash app 628, 994 P.2d. 890 that "the Decision "must" be based upon verified facts and accurate Knowledge".

going by the hearings officers interpretation of McCay, mcneal, and McDonnell vs Wolff, then "anyone" who is found guilty of any infraction on the DOC level that results in a DOSA Revocation hearing is automatically guilty and should emediatly have their DOSA revoked without a hearing or any further judgement. This would give ~~[illegible]~~ any DOC officer from a general C/O up to A CUS the ability to nullify a judges decision of granting DOSA by simply infracting an inmate of a major violation, with little or no evidence to back up said infraction. This would allow the revocation to be based on the "some evidence" standard the same some evidence used to find a person guilty of the infraction, instead of the higher standard of proof of a preponderance of evidence, to which I believe was not the intent of the apealat. Courts ruling.

I believe the purpose of the apealate Courts ruling was to clarify that the "infraction" that resulted in a DOSA revocation hearing. "MUST" meet a "preponderance of evidence" instead of the "Some evidence" standard in order for it to qualify as JUSTIFICATION for a DOSA revoke, and in my Case there is no evidence, only a Confidential informants Statement that does not Support the Known facts in the CASE. there fore my Case does not meet the preponderance of evidence Standard, and therefore does not Qualify to revoke my DOSA Sentence.

I am requesting a ruling from the apealate Courts that would grant me back my DOSA Sentence and allow me to continue with the program agreed upon by myself the judge and the prosecutor.

thank you

Other points that I would like to bring to the attention of the courts

1 at the hearing for dosA Revocation I Attempted multiple times to Read my prepared defense only to be interupted continuously - once to tell me she didn't want to hear any "Case LAW" another to tell me that I cannot defend the infraction because id already been found guilty - I disagreed - And then she made the statement ok go ahead whatever this is your hearing but "I didnt bring my Coffee" and another to tell me I was wrong about the preponderance of evidence, she stated "she" was the preponderance of evidence then after not allowing me to read my defense, she said she was finding me guilty because I was found guilty of the infraction and lost my appeal so I was guilty I told her she was acting directly against appealate court rulings and she said well that's what your appeal is for

I pointed out that the staff at occ and the cus all had stated on tape at the hearing that they knew they didnt have a preponderance of evidence and acted on "Same evidence only" this did not effect her ruling?

this hearing was recorded and I have received no paperwork from the hearing or the tape which I have requested

Supporting CASE LAW in my defense

127 Wn, App. 165 2005 (Lotah McCAY CASE
54212-5-1

QUOTE

The State Concedes that the Serious nature of a proceeding resulting in a revocation hearing of a DOSA Sentence requires a preponderance of the evidence standard of proof = 51%

also

P6 110 P.3d 856, 127 Wn app 165 McCAY 2005

QUOTE

"the assesment depends upon the extent to which an individual will be condemned to suffer a grevious loss.

QUOTE

the Decision "MUST" be based on verified facts and accurate knowledge.

Reference also: MORISSAY 408 US ATT 484, 925 CT 2593, WAC, 137-104-050 (14)

now id like to show the committee that the infraction that resulted in this hearing. Does not meet the criteria, to be considered a preponderance of the

To which I will be condemned to suffer a grevious loss, this case is not qualified to justify the revocation of my D.O.S.A as it is not based upon "verified facts and accurate knowledge"

Seeing as the statements made by the confidential informants do not support the known facts of this case, and statements made by "inmates" convicted criminals" is unreliable and not considered accurate knowledge. as defined by ("mcneal 99 wash app 628, 994. p2d 890) and the summary report, and other evidence used in this infraction, does not meet the criteria to be considered a preponderance of evidence.

I am appealing to this comittee on the behalf of my family and myself to allow me the opportunity to continue with my DOSA program so that I can receive the help I need to become a clean and sober productive member of society and better serve my family as a father and husband.

facts for Consideration:
I Supplied 5 First hand witness Statements that Confirmed my Statement that nothing happened.

the hearings officer acting as a prosecutor in this CASE, based his decision Solely on the Confidential informants Statements To which only "one" of them Claims To have witnessed it the others are Second hand, with Rumors, all defined as hereSAy

the only "physical evidence" presented was a Series of photographs that Do not Show any injuries except for Scratches on my lower back, which were verified as Caused by my Sleeping disorder and are not Consistant with fighting injuries as they are not on face, hands, head, Knuckles, neck etc

also id like To draw you're attention To the Serious infraction Report, To the Details in full: Which Clearly States, Quote "the body of this infraction is a Summary of Confidential information," used as evidence To Support this infraction.

id also like to point out that there are no marks consistant with an altercation on either. Mr Tang, or myself, as in definition, injuries known to be consistant with, fighting occur upon the face, hands, head neck, knuckles etc. Mr Tang had absolutely no marks and the scratches upon my lower back were from my sleeping disorder and were reported to my psychiatrist at OCC while discussing my sleeping disorder, prior to this incident.

Now id like to direct the comittees attention to the confidential information Review Checklist which is a standard, used in verifying the validity and reliability of the confidential informants statement or person.

Cus peterson erred in this sumarry multiple times by stating that the confidential information was reliable and credible based upon 7 Reasons

#1 he checked the box that states "the confidenti[illegible] source had previously given reliable information and then contradicts this statement by writing next to it "No or unknown" yet still uses this as

#2 IT States (the confidential Source had no apparent ~~reason~~ motive to fabricate the information, IT is Known by Staff and inmates that what people do in the program to get rid of people they dont like, at no risk to themselves, is to make false statements or drop anonymous kites to get the people or person kicked out of the program. IT is termed xing them out
I had already informed my counselor mrs Farr here at Shelton of an ongoing conflict with two inmates at OCC and had exhausted all of my remedies - even writing appeals to Olympia HQ to place keep seperates, to no avail, all prior to being sent to OCC

#4 (the confidential Sources provided first hand ~~Knowledge~~ information) Seeing as only "one" person provided first hand information this statement is also erroneous as the C.O.S is admitting the 4 other "Second" hand witnesses under false pretenses as "First" hand information

#5 the confidential information is internally consistant and is consistant with other known facts)
This is also false because within the report

me grab mr Tang by the throat, then
Saw mr Tang hit me Twice in the face
and Kicked me off the bed. - yet i had no
punch marks on my face, mr Tang had
absolutely no consistant marks upon his
throat and neither one of us had any marks
on our hands, knuckles, in Conclusion, there
is no injuries that are consistant with
the statements made by the Confidential
informants, so the informants statements
are not consistant with the known facts.
6 States
(other evidence cooberates the confidential
information) as stated prior, the evidence or
"Lack there of") Contradicts the statements
made by the confidential informants, and as
there is only one injury that is photographed
upon my Lower back, which has been reported
and verified and is not consistant with any
injuries that should have resulted from the
statements version of events, as to which i
stay with the truth that nothing happened
between mr Tang and i, and this whole problem
was orchestrated by inmates, either in accorda
with the two individuals i had attempted to place
Keep Seperates on had engaged in the practice
of xing me out and unfortunatly involved mr Tan

I believe I have demonstrated to the Committee, that although the C.U.S may have had what is termed "Some evidence" which allows the infraction, and a finding of guilty under Doc rules, there is not sufficient evidence as defined under (McCay 127 wn app 165 2005) to qualify as a preponderance of evidence add as there is No "verified facts" either physical or through reliable credible information it cannot be defined as accurate knowledge and because of the extent to which I will suffer a grevious loss, i.e. the loss of 20 more months from my family, my children and wife, deprived of their sole provider and my freedom. I hope the committee agrees with my results of study and grants me the privilidge of continuing my DOSA sentence.

I would also like to point out for the committees consideration, that I have been incarcerated for over a year on these charges and have no infraction history, minor or major except for this event to which I was wrongly convicted for

Sincerely Matthew Schley

RE. personal Restraint petition
ADDendum: Letter

Matthew Schley 746992

73872-1

FILED
COURT OF APPEALS DIV I
STATE OF WASHINGTON
2015 MAY 18 PM 12:40

To: whomever it may Concern

When filing my P.R.P I was at the Washington Correction Center, which is "Receiving" units facility and there is a policy at WCC that will not allow us to have "any" Legal Documentations that envolve our Crime or Subsequent actions. that relate to our J&S. So I was unable To Send the evidence, or Supporting Documentation with my PRP. I have now been Transferred To Coyote Ridge, and now have access To the Documentation I am asking if you Could please except this Supporting evidence/Documentation for youre Consideration in determining the out come of youre Decision in my PRP.

Thank you

Matthew Schley

Prior Address:
WCC.
Po box 900
Shelton WA
98584

Current adress:
Coyote Ridge Correction Complex
1301 North Ephrata Avenue
Po. Box 769
Connell, WA 99326-0769

RE: personal restraint petition OF

ADDENDUM 1 OF 3

MATthew Schley #746992

CONTENTS:

1 Hearing Audio CD: DOSA Revocation Held on 4/3/2015 AT WCC.

2 Hearing and Decision Summary Report CAUSE # 13115 3021

3 Confinement order: CAUSE #S 13115 3021 14101874 2

4 felony WARRANTS for COMMITMENT CAUSE #S 14-C-01874 2 KNT & 13-1-15302-1 KNT

5 Judgement & Sentence X2 for CAUSE #S 14-C-01874 2 & 13-1-15302-1-KNT

6 Custody Review 1-4.

7 Chemical Dependency. D.O.S.A agreement 670.655 DOC.

8 Substance abuse Recovery unit Compound Release of Confidential information

9 Chemical Dependency Dimensional analysis assesment DOC. 14-040

Matthew Schley # 746992

Contents

10. Chemical Dependency Treatment participation Requirements. DOC 670.500. DOC 670.655

11 Substance abuse Contract for change. DOC 14-142

12 Substance use Disorder individual Service plan DOC 14-173

13 Therapeutic Community Code of Conduct

14 Community Behavior expectations & house Rules

15. Supposed Cardinal Rule violation. "unproved" w/No witnesses or evidence

16 TC Awareness Log w/only one Awareness alledgedly while I was in the hole.?

17 omni chronos Search X2 + infraction History "Note" No infractions on this Sentencing except 1 sos this one

18 Serious infraction Report: DOC 460.000 & DOC 670-655

19 Disciplinary Hearings appeal Decision
460.000

20 Appeals panel Decision
DOC 460.130 DOC 460.135

I will Be Sending an addendum of additional authorities within 20 days of this mailing. Thank you

Matthew Schley

Department of Corrections
WASHINGTON STATE

HEARING AND DECISION SUMMARY REPORT

Release from DOC Custody/Confinement: ☐ Yes ☐ No (See Confinement Order DOC 09-238)

Offender Name (Last, First)	DOC #	RLC	Date of Birth
Cause Number(s)			

Offender Status ☐ CCI ☒ CCP ☐ CCJ ☐ CCM ☐ CPA ☐ DOSA ☐ W/R ☐ FOS
☐ Misdemeanor/Gross Misdemeanor

Date of Hearing _____ Location of Hearing _____

CCO Name _____

Other Participants _____

Waived Appearance ☐ Yes ☒ No
Competency Concern ☐ Yes ☒ No
Waived 24 Hour Notice ☐ Yes ☒ No
Interpreter/Staff Assistant ☐ Yes ☒ No
Jurisdiction Confirmed ☒ Yes ☐ No
Appeal Form Provided ☒ Yes ☐ No

Preliminary Matters: _____

ALLEGATIONS	PLEA	FINDING Guilty/Not Guilty Probable Cause Found
[illegible]	NG	G

EVIDENCE RELIED UPON (LIST):

☐ J&S ☐ Notice of Allegation, Hearing, Rights and Waiver form ☐ Report of Alleged Violations
☐ Conditions, Requirements, and Instructions form ☐ Chronological Reports ☐ CCO Testimony
☐ Offender Testimony ☐ Negotiated Sanction ☐ Other(listed below):

Distribution: **Original** – Hearing File, **Copy** – Offender, Field File, Receiving/detaining Facility

Department of Corrections
WASHINGTON STATE

HEARING AND DECISION SUMMARY REPORT

SUMMARY OF FACTS PRESENTED/ REASONS FOR FINDINGS:

SANCTIONS AND REASONS FOR SANCTION:

****Obey all Facility Rules**
****Failing to comply with CCO, CCS, and Hearing Officer directives**
****Report in Person to CCO Within one Business Day of Release**

Offender Name(Last, First):	DOC #

Offender Signature

Date

Hearing Officer Signature

Hearing Officer Name (Print)

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 00-03, RCW 42.56, and RCW 40.14.

Distribution: **Original** – Hearing File, **Copy** – Offender, Field File, Receiving/detaining Facility

Department of Corrections
WASHINGTON STATE

CONFINEMENT ORDER

OAA OFFENDER ☐ YES ☐ NO

DOC SANCTION TIME IS NOT ELIGIBLE FOR GOOD TIME

In the matter of:

NAME _____

CAUSE NUMBER(S) _____

DOC NUMBER _____ DOB _____

On _____, a hearing was conducted in accordance with WAC 137-104. The above captioned offender was found guilty of violating the conditions or requirements of community custody. Pursuant to RCW 9.94A, the undersigned Hearings Officer finds that it is in the public interest to sanction the offender to a term of confinement as follows:

TOTAL CONFINEMENT

☐ The offender is serving a term of community custody for a sex offense committed on or after 6/6/96, and before 7/1/00, and having completed the maximum (CCM) term of total confinement, is therefore sanctioned to a term of confinement in a local correctional facility/jail as follows:

LOCATION _____ START DATE _____ END DATE _____

☒ The offender (CC) is sanctioned to a term of confinement in a county jail or equivalent correctional facility as stated below or, if confinement in such a facility is not available, the offender may be confined in a state correctional facility as follows:

LOCATION _____ START DATE _____ END DATE _____

PARTIAL CONFINEMENT

☐ The offender is sanctioned to a term of partial confinement as follows:

LOCATION _____ START DATE _____ END DATE _____

Home detention with electronic monitoring, work crew, or a combination thereof to be arranged and managed through the supervising Community Corrections Officer as follows:

☐ Home Detention with Monitoring START DATE _____ TOTAL DAYS _____

☐ Work Crew START DATE _____ TOTAL DAYS _____

*** During this term of confinement you are required to follow all rules and regulations of the facility. Failure to do so will be a violation of this order and may result in additional sanctions.**

Ordered this _____, day of _____, 20____.

Signed _____

HEARINGS OFFICER, DEPARTMENT OF CORRECTIONS

Distribution: **ORIGINAL** – Detaining Agency/Facility via CCO **COPY** – CCO, Offender, Hearing File (**All White**)

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
Hearings Unit
P.O. Box 41101, Olympia, WA 98504-1101

April 16, 2015

Matthew Schley, DOC 746992
Washington Corrections Center
RC-R5/5F10U
P.O. Box 900
Shelton, WA 98584

Re: Second Level Appeal Notice

Dear Mr. Schley:

Attached is the appeal decision as determined by the Appeals Panel. The decision was to affirm the Hearing Officer's decision. The Appeal Panel cannot address an appeal more than once. Should you choose to, you may submit your appeal in writing, within seven (7) calendar days of receiving your appeal decision, to the Risk Management Director for further review at the following address:

Hearings Unit - Appeals
Department of Corrections
PO Box 41103
Olympia, WA 98504-1103

Respectfully,

Dominga Soliz
Hearings Unit Administrator

cc: Offender File

STATE OF WASHINGTON

DEPARTMENT OF CORRECTIONS

P.O. BOX 41100 • Olympia, Washington 98504-1100

APPEALS PANEL DECISION

FROM: DOC Appeals Panel

TO: Schley, Matthew **DOC #:** 746992 **Date:** 04/14/15

On 04/02/15, you were either sanctioned to 1-3 days of confinement or a hearing was conducted for violations of your conditions of supervision/custody.

On 04/10/15, your appeal was received in which you requested a review of a sanction or decision of the Hearing Officer. You specifically appealed:

- ☒ A decision based on a procedural issue
- ☐ A decision based on a jurisdictional issue
- ☐ A sanction imposed that was not reasonably related to:
  - Your crime of conviction
  - The violation you committed
  - Your risk of reoffending
  - The safety of the community

AND THEREFORE

The decision is to:

- ☒ Affirm the process and decision.
- ☐ Modify the sanction as stated below.
- ☐ Remand for a hearing. You will be notified of the hearing date.
- ☐ Reverse and vacate the process.

Comments: This Appeals Panel has reviewed all documents provided from the above hearing and have listened to the audio recording as well. In your appeal you state you were not allowed to present your defense at your hearing. You also want the evidence presentenced at your 505 Disciplinary Hearing reviewed as you state a preponderance of evidence standard was not met and, therefore, you want to have your DOSA reinstated.

The Appeal Panel did listen to the audio recording of your hearing and determined you were given several opportunities to present your evidence at this hearing. The Hearing Officer also explained to you that the evidence you were presenting at this hearing was already addressed at your 505 infraction hearing. The Hearing Officer has no jurisdiction regarding the evidence presented at the 505 hearing.

On 01/26/15, you were found guilty at a Disciplinary Hearing for a 505 infraction for fighting. On 02/17/15, the findings were affirmed upon your appeal for this infraction. The Appeals Panel wants to let you know the Hearing Officer and this Appeals Panel does not have any jurisdiction regarding the 505 infraction hearing or the appeal finding that was made on 02/17/15. The Hearing Officer did inform you several times that the only violation that was being addressed at this hearing was the violation for failure to complete or being administratively terminated from your DOSA substance abuse treatment program on 02/10/15.

On 02/10/15, you were terminated from your chemical dependency treatment program because you are in violation of the mandatory treatment programing requirements, which stated there will be no violence against another person. After reviewing this evidence the Appeals Panel believes a preponderance of evidence was met for this violation.

In Conclusion, because you violated a mandatory treatment program requirement and were terminated from your chemical dependency treatment program the Hearing Officer had no other option but to revoke your DOSA sentence. The Panel denies your appeal and affirms the process and decision.

DOC Appeals Panel Member — Date: 4-15-15

DOC Appeals Panel Member — Date: 4-15-15

DOC Appeals Panel Member — Date: 4-15-15

Distribution: **ORIGINAL** - Hearing File **COPY** - Offender, Central or Field File via CCO, Hearing Officer, Hearing Supervisor, Work Release Supervisor, Imaging System

Department of Corrections
WASHINGTON STATE

DISCIPLINARY HEARING APPEAL DECISION

To	DOC #	Date
MATTHEW SCHLEY	746992	2/13/15
From	Superintendent/Designee	
JASON BENNETT		

On 2/9/15, a Department Hearing was held for the WAC violation(s) listed: 505 - FIGHTING

The Hearing Officer found you guilty of committing one or more violations and imposed the following sanction (s): Segregation - 15 days, Loss of Good Conduct Time - 15 days

On 2/12/15, an appeal of this hearing was received from you in which you requested review of the Hearing Officer's decision and/or sanction.

You appealed:

☒ The finding(s) of guilt
☒ The sanction(s) imposed

In summary, your appeal states:
"Supplied 5 witness statements that in effect say that no fight happened." "My back injuries were confirmed to be caused by my sleeping disorder."

In reviewing your appeal, I have made the following determination(s):

☒ The disciplinary hearing process was conducted in accordance with Due Process requirements and WAC 137-28.
☒ At least 24 hours advance written notice was provided or you waived the 24 hour advance notice in writing/with witness.
☒ You were provided an opportunity to call witnesses and present documentary evidence on your behalf. If witness(es) were denied, the Hearing Officer provided you with written reason(s) for the denial.
☒ The finding was made by an impartial (i.e., not viewed as biased or having witnessed the incident being heard) Hearing Officer.
☒ A written statement of the finding(s) and sanction(s) imposed was provided to you and includes the evidence relied upon and the reason(s) for the decision.
☒ Sanction(s) are in accordance with DOC Presumptive Sanction Guidelines and WAC 137-28.

If confidential information was submitted, I have confirmed:

☒ The Hearing Officer made an independent determination regarding reliability of the confidential source(s), credibility of the information, and safety concerns that justify non-disclosure of the confidential source(s) of information.
☐ The above information was documented on DOC 17-072 Confidential Information Review Checklist.

On behalf of the Superintendent, I have investigated your appeal and find that:
This incident and the subsequent hearings process and outcome has been reviewed. There is no additional information that changes the finding.

☒ You were found guilty as explained above.
☐ There was insufficient evidence for a finding of guilt as explained below.
☐ A procedural error occurred as explained below.
☐ The sanction was appropriate, and you were provided with the Hearing Officer's written report.
☐ Other:

AND THEREFORE, the decision of the Hearing Officer is:

☒ Affirmed
☐ Remanded for a new hearing. (You will be notified of the hearing date).
☐ Reversed
☐ Reduced
☐ Modified as follows:

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 00-03, RCW 42.56, and RCW 40.14.

Distribution: **Original** –Offender **COPY**-Superintendent, Imaging System/Central File, Hearing Officer

Department of Corrections
WASHINGTON STATE

INITIAL SERIOUS INFRACTION REPORT

Date of Infraction	Offender Name (Last, First)	DOC Number	Housing Assignment
02/19/15	SCHLEY, Matthew	746992	WCC-RC R5- 5F10U
Rule Violation #(s) 762			
Time Occurred 12:00 pm	Place of Incident (Be Specific) OCC- Ozette Programming Complex		Date Occurred 02/10/15

Witness (1)	Days Off	Witness (3)	Days Off
Witness (2)	Days Off	Witness (4)	Days Off

NARRATIVE

State a concise description of the details of the rule violations, covering all elements and answering the questions of When? Where? Who? What? Why? and How? Describe any injuries, property damage, use of force, etc. Attach all related reports.

On 02/10/15, the Multi-Disciplinary Team (MDT) made the decision to terminate Inmate (I/M) Schley from his mandatory DOSA Substance Abuse Treatment program. I/M Schley violated conditions of the DOSA Agreement and DOC 670.655 Special Drug Offender Sentencing Alternative, Page 8, VI -A.-1. -c. by incurring any major infraction that causes a change in custody level or the violation of conditions outlined in the CD Treatment Participation Requirements (DOC 14-039) or the DOSA agreement (DOC 14-042). Specifically, the Department has established a zero-tolerance policy with regard to violence within its CD programs, as reflected in the CD Treatment Participation Requirements, which state that threats or violence toward staff or another patient WILL result in termination from the Department's CD treatment program.

not proved by preponderance of evidence

I/M Schley arrived at OCC on 01/07/15 serving two King County DOSA sentences.

On 01/21/15 I/M Schley was assessed at a III.3 Level of Care, and reviewed and signed the DOSA Agreement and CD Treatment Requirements, agreeing to participate, on that date. He began programming in the OCC Therapeutic Community Long-Term Treatment Chemical Dependency Program on 01/22/15.

On 01/27/15, I/M Schley was placed in the OCC Secured Housing Unit (SHU) On Administrative Segregation status, pending investigation of his involvement in a fight with another offender, after both were found to have injuries consistent with involvement in a physical altercation. Investigation determined that the incident occurred in the living unit on an assigned Therapeutic Community Housing Unit Cleaning Day, after a verbal argument escalated when Schley threw a punch which missed, and then grabbed the other offender by the throat and arm. The other offender hit Schley twice in the face and then kicked him off the bed onto the floor. Both were subsequently found guilty of violating WAC 505 (fighting), with sanctions including 15 days disciplinary segregation. He was transferred to WCC-RC on 02/11/15. The disciplinary findings were affirmed upon appeal, on 12/17/15.

On 02/10/15, I/M Schley was administratively terminated from the OCC Therapeutic Community Chemical Dependency Treatment Program, due to his violation of mandatory Treatment Programming Requirements, specifically violence against another community member.

At the time of his termination, I/M Schley had made no progress in treatment, and remained in Phase One of the program after only a few days enrollment in the program.

I/M Schley is in violation of WAC 762 (DOSA failure) due to administrative termination from his DOSA Substance Abuse Treatment Program for the above noted violation of the DOSA Agreement and mandatory CD Treatment Participation Requirements.

Reporting Staff Name (Last, First) (Print Name)	Shift	Days Off
Tipton, J. R.	Days	Sat-Sun

Evidence Taken	Evidence Case Number	Evidence Locker Number	Photo Submitted
☐ Yes ☒ No			☐ Yes ☒ No

Disposition Of Evidence (If Not Placed In Locker)	Placed in:			
	Pre-Hearing Confinement	☐ Yes	☒ No	Date ____
	Administrative Segregation	☐ Yes	☒ No	Date ____

NAME(S) OF ALL INMATE VICTIMS OF THIS INCIDENT

Last, First			DOC#
1)	☐ Staff	☐ Volunteer/Visitor/Other	☐ Offender
Last, First			DOC#
2)	☐ Staff	☐ Volunteer/Visitor/Other	☐ Offender

RELATED REPORTS ATTACHED ☒ Supplemental ☐ Medical ☐ Staff Witness Statements ☐ Other (Specify)

Reporting Staff Signature	Date
J. R. Tipton	02/19/15
Infraction Review Officer Signature and Name (Last/First)	**Date**
Lori Lawson CCS	2/19/15

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Department of Corrections
WASHINGTON STATE

SERIOUS INFRACTION REPORT

Facility: OCC

OMNI 1916

Infraction Group Number: 14

EMPLOYEE REPORT

Name: SCHLEY, Matthew R.

DOC #: 746992

Date: 1/26/2015

Number of rule(s) violated: 505 - FIGHTING
633 - ASSAULT/OFFENDER

Time: 0900

Place: Living Unit

Details in full: At the conclusion of an investigation, it was determined that, on 1-26-15 at approximately 0900 hours during an assigned Therapeutic Community Housing Unit Cleaning Day, Offender Schley , E #746992 got into a verbal argument with Offender Tang, E 372961. Schley started the verbal argument by calling Tang Mr. DOSA and saying that Tang could't think for himself. When Tang stated that he just wanted to get home to his family, Offender Schley said "fuck you". Tang then called Schley a little bitch. Schley then swung on Tang and missed but then grabbed Tang's throat and arm and they fell back on the bed. Tang then hit Schley a couple of times and kicked him off the bed onto the floor. Schley had numerous marks on his body, cuts, scrapes, and red marks, that are consistent with being in a fight. The body of this infraction is a summary of confidential information used as evidence to support this infraction.

— NO MARKS on either one of us

Witnesses:

LORI K. LAWSON
Reporting Employee (Print)

Lori K. Lawson
Reporting Employee Signature

FACT FINDING DURING HEARING

Was offender informed of right to remain silent? ☒ Yes ☐ No

Date of Hearing: 2/9/2015

PLEA: GUILTY
NOT GUILTY 505, 633
NO PLEA

Did the offender make statement after being informed of his/her rights? ☒ Yes ☐ No

If so, what? My back injuries is from coming off of my bunk. I'm never had an argument with offender Tang. I didn't call Trang "Mr. DOSA". Trang never called me a little bitch. Tang never punched me. I never swung at Trang.

DECISION

FINDING: GUILTY 505
NOT GUILTY 633
DISMISSED
REDUCED

Facts and evidence found:First hand and second hand witness information validates a verbal argument and physical altercation between this offender and Offender Tang. Physical evidence mutual physical altercation occurred between both offenders.

Sanction(s): 15 days segregation applied
15 days loss of good conduct time applied

Reason for sanction(s): Credit for time served in Segregation. First 505

Recommendations (Non-Sanction): Refer to FRMT for suitability reviewwith FRMT.

Brian McPherson
Hearing Officer (Print)

Hearing Officer Signature

2-10-15
Date

John Aldana
Superintendent/designee (Print)

John Aldana
Superintendent/designee Signature

2/10/15
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 00-03, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** – Imaging System/Central File **COPY** – Offender, Board, Hearing Officer

DOC 460.000

DOC 20-051 (Rev. 09/16/13) E-Form
Scan Code IF01

"I have been orientated to the rules, requirements and procedures of the TC program, any questions I had have been answered by my Big brother or an orientation member. I have been informed; any act or threat of violence places me in jeopardy of termination from treatment. I have been instructed how to report threats/acts of violence and to avoid altercations."

NOTE: Big brothers need to go over all these with your Little brother and make sure they understand and initial each line. Then propose to their CDP:

Signed, new TC member Matt Schley Date 1-21-15 Thank you

Department of Corrections
WASHINGTON STATE

CHEMICAL DEPENDENCY ROLE INDUCTION CHECKLIST

Patient/Offender Name: Ichley, Matthew DOC Number: 746992

Role Induction Element	Date Reviewed	Patient Initials	Signature of Reviewer
Toured the facility / physical plant **COMPLETED AT ADMIT**	01.21.15	MS	Kgd
Introduced to all staff and explained their roles **COMPLETED AT ADMIT**	01.21.15	MS	Kgd
Reviewed and explained how to appropriately access service delivery personnel **COMPLETED AT ADMIT**	01.21.15	MS	Kgd
Reviewed and explained all consents, disclosure forms, patient contracts, or similar forms **COMPLETED AT ADMIT**	01.21.15	MS	Kgd
Reviewed empirical evidence that treatment works **COMPLETED ~~IN GROUP~~** @ admit	01.21.15	MS	Kgd
Participated in the creation of a "Recovery Vision" **COMPLETED IN GROUP**			
Explained the "Stages of Change" model **COMPLETED IN GROUP**			
Reviewed group norms, rules and expectations (confidentiality, participation, attendance, conduct, UAs, etc...) **COMPLETED IN GROUP**			
Identified and modified misperceptions about treatment in general and about the patients' and counselors' roles and responsibilities **COMPLETED IN GROUP**	01.21.15	MS	Kgd
Created an "Aftercare Vision" beginning the first week of treatment and culminating the last week of treatment **COMPLETED IN GROUP**			
Held 20 minute aftercare orientation session to encourage patients to attend aftercare; signed aftercare participation contract **COMPLETED IN LAST 1-1**			

Additional Information/Comments(If none, check box) ☐ No additional information necessary

Removed from treatment program, prior to completion. -Kgd ADP

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 CFR Part 2.

Department of Corrections
WASHINGTON STATE

CHEMICAL DEPENDENCY CLINICAL STAFFING

☐ ERD: 10.23.2015 (court ordered) ☐ ISRB ☒ Other DOSA

P/O Name: SCHLEY, Matthew
DOC#: 746992
Level of care/ Phase: 111.3 / Discharge
Date: 02.10.2015
Drug of choice: Methamphetamine
Last use: 02.05.2014
Facility: OCC
Admitted: 01.22.2015

Purpose for Staffing:
☒ Infraction ☐ TX Plan ☐ C/I ☒ Info Sharing ☐ Phase Up

(Only Complete Dimensions With Clinical Concerns)

Dimension 1: Withdrawal:
0; Admit UA requested.

Dimension 2: Biomedical Complications:
0; no current problems identified. TB screen completed.

Dimension 3: Emotional/Behavioral Complications:
2; P has dx in this dimension and receiving monitoring and rx. P has substance use-related anti-social behaviors, STG suspected White Supremicist/Nationalist. P continued substance use against medical advice, and has family relationship problems due to his sustance use, parental rights terminated in 2002, Significant Other is currently receiving tx for substance abuse.

Dimension 4: Readiness for Change:
3; P in Precontemplation stage of change, tx motivated by DOSA. PO received WAC505-Fighting during first week of tx.

Dimension 5: Relapse Potential:
3; P reports ability to maintain abstinence in controlled environment. 20x attempts to discontinue use, unsuccessful.

Dimension 6: Recovery Environment (For transfer to community):
3; P has poor job hx due to substance use, continues association w/ anti-social peers, significant family hx of substance use, homeless, minimal family support from an Aunt.

Specific Question/Statement for Staff:
Notification of Removal/Discharge from LTR/TC due to non-chemically related rule violation.

Action Plan: Remove / administrative termination from LTR/TC
Discharge on 02.10.2015, prepare TARGET Discharge, Chrono. -Kgd CDP

Treatment Plan Written ☒ Yes ☐ No Problem #: 1,2 Dimension #: 3

Staff Signature	Date	Staff Signature	Date
Kgraham-Dunn CDP	02.10.15	[illegible]	2/10/15
[illegible] CDP	2.10.15	JSB CDP	2/10/15
[illegible] CDP	2-10-15	Lori Lawson CUS	2/10/15
[illegible] CDP	2/10/15	[illegible]	2/10/15
[illegible]	2/10/15		

DOC 14-143 (06/07/10)

Department of Corrections
WASHINGTON STATE

CHEMICAL DEPENDENCY PROGRESS NOTES

Patient/Offender	DOC NO.
SCHLEY, Matthew	746992

DATE	PROBLEM NUMBER	COMMENTS & PROGRESS NOTES
01.22 2015	UA Note Dim 1	P/O submitted to UA per DOC/CD policy. Lab results were negative. P/O admitted to the LTR/TC chemical dep tx program on 01.22.2015. -kgd Kgd

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DOC 14-065 (Rev. 06/26/12)
Scan Code CD04

Department of Corrections
WASHINGTON STATE

CHEMICAL DEPENDENCY CLINICAL STAFFING

☐ ERD: 10.23.2015 (court ordered) ☐ ISRB ☒ Other DOSA

P/O Name: SCHLEY, Matthew
Level of care/ Phase: 111.3 / Admit
Drug of choice: Methamphetamine
Facility: OCC

DOC#: 746992
Date: 01.22.2015
Last use: 02.05.2014
Admitted: 01.22.2015

Purpose for Staffing:
☐ Infraction ☐ TX Plan ☐ C/I ☒ Info Sharing ☐ Phase Up
(Only Complete Dimensions With Clinical Concerns)

Dimension 1: Withdrawal: 0; Admit UA requested.
Dimension 2: Biomedical Complications: 0; no current problems identified. TB screen completed.
Dimension 3: Emotional/Behavioral Complications: 2; P has dx in this dimension and receiving monitoring and rx. P has substance use-related anti-social behaviors, STG suspected White Supremicist/Nationalist. P continued substance use against medical advice, and has family relationship problems due to his sustance use, parental rights terminated in 2002, Significant Other is currently receiving tx for substance abuse.
Dimension 4: Readiness for Change: 3; Contemplation stage of change, tx motivated by DOSA.
Dimension 5: Relapse Potential: 3; P reports ability to maintain abstinence in controlled environment. 20x attempts to discontinue use, unsuccessful.
Dimension 6: Recovery Environment (For transfer to community): 3; P has poor job hx due to substance use, continues association w/ anti-social peers, significant family hx of substance use, homeless, minimal family support from an Aunt.
Specific Question/Statement for Staff: Notification of admit to LTR/TC. PO meets 111.3. criteriea in Dims 4, 5, and 6.
Action Plan: Admit on 01.22.2015, caseload=Dunn, CDP

Treatment Plan Written ☒ Yes ☐ No Problem #: 1,2 Dimension #: 3

Staff Signature	Date	Staff Signature	Date
K Graham-Dunn CDP	01.22.15	JM, CDP	1/22/15
[illegible] CDP	1/22/15	J Z CDP	1-22-15
[illegible] CDP	1 2		
[illegible]	1 22 15		
[illegible] CDP	1/22/15		

DOC 14-143 (06/07/10)

Inmate: SCHLEY, Matthew Raydouglas (746992)

Gender: Male	DOB: 09/30/1975	Age: 39	Category: Regular Inmate	Body Status: Active Inmate
RLC: HV	Wrap-Around: No	Comm. Concern: No	Custody Level: Minimum 2 - Camp	Location: OCC -- OZU / OG05U
ERD: 10/23/2015				CC/CCO: Oberland, Sheri M

Details	Text
Date & Time Created: 01/22/2015 08:29 AM Offender Location At Occurrence: OCC Date & Time Of Occurrence: 01/21/2015 08:30 AM DOC No.: 746992 Offender Name: SCHLEY, Matthew Raydouglas Author Name: Graham-Dunn, Kittie L Kgd Events: Substance Abuse (JH)	PO (patient/offender) attended scheduled Substance Use treatment Admit appointment on 01.21.2015. P to begin treatment groups on 01.22.2015@OCC. PO is assigned to CDP Dunn. Consistent with DOC FORM 14-039, Treatment Participation Requirements, DOC patient/offenders (PO) involved in substance abuse treatment are required to abstain form all mood altering substance including cannabis and alcohol. The PO was informed of this requirement during the admission appointment and signed DOC for 14-039. Please complete an admission urinalysis test for baseline and as part of the patient's ongoing drug testing requirements, please include testing for cannabis. I am requesting an admit UA. CC notified by email on 01.22.15.

Inmate: SCHLEY, Matthew Raydouglas (746992)

Gender: Male	DOB: 09/30/1975	Age: 39	Category: Regular Inmate	Body Status: Active Inmate
RLC: HV	Wrap-Around: No	Comm. Concern: No	Custody Level: Minimum 2 - Camp	Location: WCC-RC — R5 / 5F10U
ERD: 11/07/2015				CC/CCO:

Infraction Summary

Offender Infraction

Infraction Group Number	Overall Infraction Report Status	Hearing Type	Infraction Data Indicator	Incident Date	Violation Codes
1	Hearing Complete	Full Hearing	Serious	On 03/12/2000	657
2	Hearing Complete	Full Hearing	Serious	On 05/09/2000	651
3	Hearing Complete	Full Hearing	Serious	On 09/02/2000	658
4	Hearing Complete	Full Hearing	Serious	On 09/06/2000	657
5	Hearing Complete	Full Hearing	Serious	On 06/07/2002	755
6	Hearing Complete	Full Hearing	Serious	On 09/25/2003	658
7	Hearing Complete	Full Hearing	Serious	On 12/02/2003	610
8	Hearing Complete	Full Hearing	Serious	On 06/30/2005	600 , 710 , 734
11	Hearing Complete	Full Hearing	Serious	On 10/14/2005	716
12	Hearing Complete	Full Hearing	Serious	On 12/24/2005	600
14	Under Appeal	Full Hearing	Serious	On 01/26/2015	505

1111 Schley 74699
MRS Dunn

BIG BROTHER/LITTLE BROTHER

New Member Orientation

	Big bro.	Little bro.
	Initials	
PURPOSE OF TC pg-7	SJ	MS
TC EXPECTATIONS pg-8	SJ	MS
GOALS FOR COMMUNITY LIVING pg-11	SJ	MS
CARDINAL RULES pg-13	SJ	MS
MAJOR RULES pg-15	SJ	MS
HOUSE RULES pg-16	SJ	MS
COMMUNITY TERMINOLOGY pg-27, 28, 29, 30	SJ	MS
LINES OF COMMUNITY pg-35	SJ	MS
AM-PM MEETINGS pg-52, 53, 54,55,56,57	SJ	MS
REFLECTIONS pg-58	SJ	MS
PROPOSALS pg-60	SJ	MS
HOUSE TOOLS pg-61, 62, 63, 64	SJ	MS
AWARENESS INTERVIEWS pg-66, 67	SJ	MS
PHASE ONE TESTIMONY pg-80	SJ	MS
PHASE ONE PROGRESSION WORKSHEET pg-82	SJ	MS
HOW PEOPLE CHANGE pg-88	SJ	MS
CORE SKILLS pg-89, 90	SJ	MS
SPECIFIC UNIT STRUCTURE pg-92	SJ	MS

Inmate: SCHLEY, Matthew Raydouglas (746992)

Gender: Male	DOB: 09/30/1975	Age: 39	Category: Regular Inmate	Body Status: Active Inmate
RLC: HV	Wrap-Around: No	Comm. Concern: No	Custody Level: Minimum 2 - Camp	Location: OCC — OSH / OS03L
ERD: 10/23/2015				CC/CCO: Tipton, Joseph R

Details	Text
Date & Time Created: 01/29/2015 11:31 AM Offender Location At Occurrence: OCC Date & Time Of Occurrence: 01/28/2015 07:30 AM DOC No.: 746992 Offender Name: SCHLEY, Matthew Raydouglas Author Name: Graham-Dunn, Kittie L Kgd Events: Substance Abuse (JH)	PO is non-compliant with LTR/TC treatment expectations, due to placement in SHU for fighting with another program participant. CC notified by email.

Inmate: SCHLEY, Matthew Raydouglas (746992)

Gender: Male	DOB: 09/30/1975	Age: 39	Category: Regular Inmate	Body Status: Active Inmate
RLC: HV	Wrap-Around: No	Comm. Concern: No	Custody Level: Minimum 2 - Camp	Location: OCC — OSH / OS03L
ERD: 10/23/2015				CC/CCO: Tipton, Joseph R

Chronological Event

Location and Author Information

Offender's Assigned Location At Occurrence:	Living Unit:	Bed:	Date Created:	Time Created:
OCC	OSH	OS03L	01/28/2015	06:35

Author:	Author's Assigned Location At Occurrence:	Date Occurred:	Time Occurred: (HH:MM)
Obenland, Sheri M		01/28/2015	

Chronological Event Types

Behavioral

Text

P and Offender Tang #372961 were placed in segregation for fighting on 1/27/15. Both fighters had entered into the TC program prior to the fight.

Department of Corrections
WASHINGTON STATE

SUBSTANCE USE DISORDER INDIVIDUAL SERVICE PLAN

Patient/Offender: SCHLEY, Matthew DOC Number: 746992

Each problem that is to be addressed during this level of care must have **EITHER** a corresponding DOC 14-081 ASAM Review note, **OR**, in the case of a significant event, a DOC 14-065 Progress Note entry whenever opened, closed, reviewed, or updated.

Dimension #: 3 Level of Care: III.3

Problem Statement:
#1 P lacks understanding of the impact of methamphetamine/alcohol abuse on mental health problems, relationships.

Goal/Desired Outcome: PO will verbalize understanding of posttraumatic stress symptoms and relationship problems and how they connected to his methamphetamine and alcohol abuse. Estimated Date of Completion 02.21.2015

DATE OPENED	APPROACHES (Specific action steps to accomplish goal)	TARGET DATE (for each action step)	DATE ACCOMPLISHED	COUNSELOR INITIALS	PATIENT INITIALS
01.22.15	P/O will use worksheets provided by CDP to describe any ways he feels his methamphetamine/alcohol abuse led him to suffering traumatic experiences and how painful experiences have led him to abuse these drugs.	01.29.15	Closed	Kgd	MS
01.30.15	P/O will write about any others he knows who have succeeded in overcoming both addiction and anxiety disorders, describing what they did, what methods they used.	02.05.15	02.10.15	Kgd	MS
02.06.15	P/O will write about his thoughts and feelings regarding working with a doctor who has prescribed mood altering medications and what might happen if he kept his drug addiction secret from his doctor or mental health counselor.	02.13.15			
02.14.15	P/O will then find out and write about 12-Step recovery program policies on use of prescribed mood-altering medications. For this portion of his service plan, P/O will work with his Big Brother for research purposes. Bring completed workbook to next ISPR appointment and share with CDP.	02.21.15		Kgd	MS

K Graham-Kluss CDP — Counselor's Signature
01-22-15 — Date Signed
Matthew Schley — Patient/Offender's Signature
01-28-15 — Date Signed

Counselor's Signature
Date Signed

THERAPEUTIC COMMUNITY CODE OF CONDUCT

- I will Maintain Group Confidentiality (Counselor must report violations to Department of Corrections).
- I will not bring food, drink, tobacco, electronics, or wear sunglasses in group.
- I will speak for self and use I statements.
- I will use Proper Respect of People (PROP):
  - I will use formal introductions: Mr. or Ms.
  - I will not cross talk
  - I will not be disruptive to the group process
  - I will not use profanity
  - I will allow 1 person to speak at a time and not interrupt
  - I will not touch any other group member
  - I will be on time, be prepared for group, and participate in group
- I will not leave any activity without permission of the group facilitator.
- I will not lean back in my chair in group.
- I will not display any reference to gang affiliation through my actions or my attire.
- I will wear appropriate attire to groups.
- I will be accountable to self and others in the group.
- I will obey all laws and all Department of Corrections policies and procedures both written and oral.
- I will recognize and address the self destructive behaviors of myself and others in the group.

_____ _____

Signature Date

COMMUNITY BEHAVIOR EXPECTATIONS

The following is a list of Pro Social behaviors: Provide a personal example

Abstinence_____
Accountable_____
Considerate_____
Courageous_____
Dependable_____
Empathetic_____
Honest_____
Humble_____
Inclusive_____
Integrity_____
Non Threatening_____
Open minded_____
Patient_____
Reliable_____
Respectful_____
Responsible_____
Self Disciplined_____
Straight Forward_____
Thinking things through_____
Unselfish_____

There are three categories of behavior expectations in a Therapeutic Community (TC): CARDINAL, MAJOR, & HOUSE RULES.

CARDINAL RULES – For the Safety and Security of the Community

At the top of the list in a TC are those expectations considered absolute. These are called *Cardinal Rules* and violation of many of these rules will result in an infraction.

1. No physical violence, threats of physical violence, or intimidation against any person.
2. No possession or use of drugs or alcoholic beverages.
3. No sexual acting out of any kind.
4. No racial or ethnic slurs.
5. No gambling.
6. No pornography.
7. No theft i.e., as defined by Department of Corrections major infraction.
8. No possession of a weapon of any kind.
9. No destruction of property.
10. No gang representation, participation, or recruiting at any time.
11. No contraband.
12. No violation of any act defined as a misdemeanor and/or felony by the laws of the state of Washington or the United States of America.
13. No refusal to participate in any assigned program activity.
14. No tattooing or tattoo paraphernalia.

COMMUNITY BEHAVIOR EXPECTATIONS

MAJOR RULES– *Standards & Boundaries for the Behavior of the Community*

These are the rules that govern how people will interact with each other and how they go about their daily lives in the TC, in order to maintain a safe environment. Whether an infraction is upheld or not, there may be TC steps of interaction implemented.

1. No dishonesty to Community members or staff.
2. No disrespect to peers or staff.
3. Follow written policies, rules, and guidelines.
4. No TV, lying or sleeping on bunks during programming hours.
5. Give correct respectful response after receiving awareness or when receiving consequences.
6. Be on time for all scheduled work and Community activities.
7. Follow all proper lines of communication.
8. No misuse of the steps of interaction.
9. No lending or borrowing.
10. No horseplay.
11. While passing individuals on the breezeway, or hallways, Community members will step to the right out of common courtesy and respect for oncoming traffic.
12. No cutting in or out of line.
13. During all Community activities:
    - A. TC dress code:
      - ✓ Requires Community shirt and state issued pants to be worn at all times.
      - ✓ Exceptions include:
        - Recreation.
        - During non program hours while in living unit.
        - Unless directed otherwise by rational authority.
    - B. Follow code of conduct.
14. No talking to or any communication including non verbal with general population.
15. Wear your state ID and phase/crew card, at all times, as issued by rational authority.
16. No profanity.
17. Must use the facilities on your own tier. "Do not go out of bounds."
18. No food or drink, of any kind, during formal Community activities, classes or meetings unless authorized by rational authority.
19. Give proper introduction when addressing the Community in any group or during Community activities, unless directed by rational authority.
20. No unauthorized groups.
21. No walking out of any TC activities unless excused by staff and logged by expeditor.
22. No theft as defined by DOC Minor Infractions.
23. No talking while in PROPs i.e., structured movement, in line, etc.
24. Report all written infractions to SOD within 24 hours.

I have gained this by philosophy: that I do without being commanded what others do only from fear of the law
Aristotle, *Greek critic, philosopher, physicist, & zoologist (384 BC - 322 BC)*

HOUSE RULES
Keep the Environment of the Community Safe

House rules involve how jobs are performed, how members address each other and how feedback is given.

1. Community members will use their own assigned bunk and locker and/or cubicle area only. No going into another Community member's locker, even with permission.
2. If issued, locks must be secure at all times.
3. No slamming of doors.
4. TC members will shower, brush teeth, comb hair (men with long hair will have it neat and tied back during formal Community activities), and wear clean clothes.
5. TC members must participate in weekly linen exchange.
6. TC members will be in proper attire prior to leaving the shower area.
7. All personal items will be stored only in your own area.
8. No loitering.
9. Follow posted TV schedule.
10. Clothing must be clean, neat, in good repair, and unaltered.
11. No hats or sunglasses worn in any building unless authorized by rational authority.
12. Pick up after yourself and dispose of any trash properly, whether yours or not (personal space and TC environment).
13. No talking through windows.
14. No spitting.
15. Silence will be indicated by a raised hand and will be followed by all members raising a hand and remaining silent during Community events.
16. No sagging pants.
17. No hands in pockets during any group or Community activities.
18. Do not put feet up on furniture.
19. No sliding of any furniture chairs or tables.
20. No saving seats.
21. No impulsive verbal reactions or blurting out.
22. Must have handbook and materials for Community activities.
23. Must demonstrate "Proper Respect of People" (PROPs) as well as during all groups and interactions with Community members and staff.
24. No throwing of objects.
25. No use of telephone during program hours.
26. Community members will address others using formal name; Mr. _____ or Ms. _____

This is your house - your Community - respect it and keep it clean. It is a reflection of yourself and your Community and your recovery.

"A man's homeland is wherever he prospers." Aristophanes, *388 B.C. Greek Athenian comic dramatist (450 BC - 388 BC)*

CARDINAL RULES – For the Safety of the Community. #1

At the top of the list in a TC are those rules considered absolute. These are called Cardinal Rules and breaking these results in very serious consequences.

DATE / Time of Cardinal Rule Violation: 1-27-15 0900

TO: Mr. Schley

FROM: Ms Zander

Behavior: engaged in fight with fellow TC member
(Provide description of specific behavior)

Witnesses _____

TIME / DATE of DOC Notification: _____

DOC Staff Signature: [illegible]

SOD Signature: B COP

TC AWARENESS
RECEIVED LOG

[To be retained in individual member's folder in Business Office.]

Counselor: MS DUNN | Community Member: MR SCHLEY

DOC#

Date of behavior	Rule #	Forum		Behavior Owned		Self Defeating/ Self Destructive Behavior	Consequences Assigned (LE, Seminar)	Due Date
		Awareness Interview	PAG	Yes	No			
1/27/15	CR1					CR1 Disrespect		

[To be retained in individual member's folder in Business Office]

FROM

TC PUSH UP LOG

DATE	BEHAVIOR

MR SCHLEY
Community Member

DOC Number

Rev. (8/10)

Department of Corrections
WASHINGTON STATE

SUBSTANCE ABUSE CONTRACT FOR CHANGE

Name: Matthew Schley DOC#: 746992

1. What are some barriers to recovery/sobriety that you have experienced? (If this is your first attempt at recovery/sobriety; what do you anticipate as being possible relapse issues for you)?
   a. getting layed off - idle hands!
   b. finding myself at needs of finances
   c. failing in my obligations - depression
2. What is a way you are willing to work on this barrier above?
   a. Medications for depression
   b. Keeping steady employment
   c. Working the program
3. In what ways have you sabotaged your recovery/sobriety? (If this is your first attempt at recovery/sobriety; how have you sabotaged your personal goals in the past)?
   a. by telling myself i need the money and continueing
   b. by associating with my family
   c. Surrounding myself with users
4. I know I have succeeded in overcoming this barrier (from question 1 above) When....
   a. I am working steady
   b. Staying away from negative influences
   c. my wife, daughter and i are happy and drug free
5. Who are some individuals in your life that can help you with these recovery/sobriety barriers?
   a. My daughter
   b. My wife
   c. my best friend
6. What do you like to do for fun/leisure?
   a. Work on motorcycles
   b. Run my forge
   c. Tattoos

Matthew Schley — 1-21-15
Offender Signature — Date

K Graham-Dunn CCP — 01.21.2015
Staff Signature — Date

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Distribution: ORIGINAL-Clinical File
DOC 14-142 (Rev. 07/31/14)

Department of Corrections
WASHINGTON STATE

CHEMICAL DEPENDENCY TREATMENT PARTICIPATION REQUIREMENTS

Program Branch Site: OCC
Treatment Modality: LTR/TC
Start Date, Days/Times: Wednesday 01.21.2015 8:30 am

TREATMENT PARTICIPATION EXPECTATIONS

In order to participate as a patient in the DOC Chemical Dependency treatment program, I HEREBY AGREE TO:

1. Remain free of alcohol and other drug use -I will provide documentation per DOC 420.380 Drug/Alcohol Testing for any prescribed medication.
2. Participate in UA and other drug testing per DOC 420.380 Drug/Alcohol Testing.
3. Refrain from any other criminal activity - I will report any subsequent arrests or legal proceedings while I am in treatment.
4. Refrain from any physical violence, threats or acts of physical violence, abusive arguing, or inappropriate language.
5. Attend all regularly scheduled individual and group sessions - I will arrive on time and remain until excused by my counselor.
6. Actively participate in counseling sessions, and in both planning and implementing my initial and continued care treatment plans.
7. Respect and protect the privacy, rights, and confidentiality of other patient/offenders.
8. Ask my treatment counselor to explain any program expectations, rights, or responsibilities that I do not fully understand, and acknowledge any difficulty I may have in reading, writing, or comprehending English
9. Sign and abide by DOC 14-042 Drug Offender Sentencing Alternative (DOSA) Agreement, if I received a DOSA sentence.
10. Recognize that I am receiving treatment in a correctional setting. I understand that there may be situations in which, due to safety and security, I may be viewed by individuals not engaged in chemical dependency treatment. I further understand that the information discussed in my group and individual treatment sessions will be maintained in the strictest confidentiality.

TREATMENT COMPLETION PROTOCOL: In order to successfully complete treatment:

1. I will attend and participate in treatment as scheduled and recommended by my assessment and admission counselor(s),
2. I will complete my individual treatment plan as agreed upon with my treatment counselor, and
3. I will remain in treatment for at least 3 months in the community and until I receive a successful completion certificate.

TREATMENT TERMINATION PROTOCOL: Chemical Dependency Professionals have the authority to request that I submit to drug testing per DOC 420.380 Drug/Alcohol Testing, and to dismiss patient/offenders from class, groups, or the program for violation of these rules or "just cause".

The following behaviors MAY result in termination from the Department's CD treatment program:

1. Misconduct which does not rise to the level of threatening behavior, but is harmful or disruptive to the treatment environment.
2. Two treatment absences within the same modality.
3. Failure to abide by the expectations outlined above, including failure to participate or make progress in treatment as prescribed and agreed upon in my individualized treatment plan.

The following behaviors WILL result in termination from the Department's CD treatment program:

1. Any threat or act of violence toward staff or another patient.
2. Possession of a weapon on or at the treatment site.
3. Gang related activities or harassment of staff or another patient.

4. Sexual misconduct toward staff or another patient.

5. Failure to appear and submit as directed to 3 urine/drug tests and/or receiving 3 positive tests within the same treatment modality. I understand that "positive" includes insufficient samples, adulterants, and non-prescribed or unreported medication.

6. Three absences within the same treatment modality. **I understand that exceptions may be allowed in the event of a legitimate, verifiable reason for an absence, such as injury, illness, or incarceration.**

7. Violating another patient's privacy and confidentiality treatment rights.

GRIEVANCE PROCEDURE: Should a patient/offender consider him/herself to have been treated unfairly, the DOC 550.100 Offender Grievance Program is available upon request.

I hereby agree to having read, or had read to me, all the above terms and conditions, and agree to abide by them.

Matthew Schley — Patient/Offender Signature — 1-21-15 Date

K Graham-Dunn CDP — Counselor Signature — 01.21.2015 Date

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Department of Corrections
WASHINGTON STATE

INFRACTION REVIEW CHECKLIST

Offender Name:	DOC #	WAC #
SCHLEY, Matthew	746992	762

☑	Examine the infraction to ensure that each field is filled in properly and written legibly.
☑	Ensure the offender's name and DOC number are recorded correctly.
☑	Read the Infraction report narrative and ensure the following elements are included: ☑ Who? ☑ What? ☑ Where? ☑ When? ☑ Why? ☑ How?
☑	Check to be sure that the Infraction violations at the top of the report correspond with the written information *and* are appropriate for the incident. NOTE: The reviewer may 1) require that the report be revised, re-written, or re-investigated by the reporting staff to ensure the alleged facts support the charges, or 2) add, dismiss, delete, or reduce the indicated WAC violations as appropriate, based upon the information and/or evidence provided by the reporting staff and any mitigating factors.
☑	Ensure the report is factual, without assumptions, feelings, beliefs, or what the reporting staff "thinks" may have happened.
☑	Ensure alleged victims, if any, of the incident are recorded and accurately documented in the "Name(s) of alleged victims of this incident" fields.
☑	Ensure the report includes supporting documentation if the incident included: ☐ Injuries? Medical Response? ☐ Witnesses? ☐ Property Damage? ☑ Other Supplemental Information?
☑	Ensure all evidence has been collected, secured, and logged properly in accordance with policy and facility procedures. Did you document: ☐ Evidence taken? ☐ Evidence Case Number assigned? ☐ Evidence was placed in an evidence locker? ☐ Disposition of evidence if not placed in locker? ☐ Photos submitted? ☐ Video collected?
☑	Complete the "Placed in Pre-hearing Confinement" or "Administrative Segregation" field by checking the "Yes" or "No" and date boxes.
☑	If confidential information has been submitted, have you: ☐ Reviewed the information to ensure it is consistent with other reports? ☐ Checked to ensure the documents are marked or stamped as "Confidential"? ☐ Requested that the staff who received the information initiate DOC 05-392 Confidential Information Report and forward it to designated facility staff? ☐ Included a summary of confidential information with the infraction report?
☑	The DOC 17-076 Initial Serious Infraction Report, with attachments if any, is complete. Sign and date on the line labeled "Infraction Review Officer Signature". Signature ***must*** be legible.
☑	Send the infraction report and any supporting documents to the Hearing Clerk or designated facility staff.
☐	The infraction report has been reviewed and is being returned for the following reason(s):
☐	An investigation is required. Investigation assigned to: _____ _____ _____ (Ensure DOC 02-077 is completed) Name Date Time
☐	Promptly resubmit the infraction report with the corrected/appropriate information, including this Infraction Review Checklist.

Lori Lawson	Lori Lawson	2-19-15
Reviewer's Signature	Print Name	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 00-03, RCW 42.56, and RCW 40.14.

Department of Corrections
WASHINGTON STATE

CHEMICAL DEPENDENCY DISCHARGE SUMMARY AND CONTINUED CARE PLAN

Patient/Offender Name (Last , Middle, First)		DOC Number	Date of Admittance
SCHLEY, Matthew		**746992**	**01.22.2015**
Location	Current Level of Care	Level of Care Now Needed	Date of Discharge
OCC	**111.3**	**111.3**	**02.10.2015**

Reason for Discharge (Check one below)

☐ Completion of this Level of Service ☒ Disciplinary discharge

☐ Transfer to another facility ☐ Inappropriate referral to CD treatment

☐ Transfer to Other provider ☐ Other (specify) _____

At time of discharge, complete a summary statement of the patient's progress on each open treatment goal for all ASAM dimensions.

ASAM Dimension 1 - Acute Intoxication/Withdrawal Potential

Summary of Progress : **No new problems identified in this dimension. Last use 02.05.2014. No positive UAs reported while in treatment.**

Continued Care Plan (Include ASAM risk rating, recommended level of care, and any current referrals):

ASAM RISK: 0, no referral. It is recommended that P/O continue to maintain abstinence from all mood altering substances unless prescribed by authorized health care provider.

ASAM Dimension 2 - Biomedical Conditions and Complications

Summary of Progress: **No new problems identified.**

Continued Care Plan (Include ASAM risk rating, recommended level of care, and any current referrals):

ASAM RISK: 0, no referral. It is recommended P/O maintain regular health/wellness checkups and that he disclose substance use disorder to any health care provider that may prescribe drugs with high abuse potential.

ASAM Dimension 3 - Emotional , Behavioral, or Cognitive Conditions and Complications

Summary of Progress: **No progress made in this dimension. New problem identified. P/O was not in treatment long enough to complete any service plans in this dimension.**

Continued Care Plan (Include ASAM risk rating, recommended level of care, and any current referrals):

ASAM Risk: 1, recommend that P/O continue substance abuse treatment at current level of care and address the stress behavior and thinking that lead to his violent response and removal from treatment.

ASAM Dimension 4 - Readiness To Change

Summary of Progress: **P/O was in Contemplation Stage of Change at time of discharge. P/O was not in treatment long enough to address problems identified on his assessment.**

Continued Care Plan (Include ASAM risk rating, recommended level of care, and any current referrals):

ASAM RISK:3, recommend continuation of tx at ASAM Level 111.3 to increase readiness to change.

ASAM Dimension 5 - Relapse, Continued Use, or Continued Problem Potential

Summary of Progress: **P/O was not in treatment long enough to develop service plans or make progress in this dimension.**

Continued Care Plan (Include ASAM risk rating, recommended level of care, and any current referrals):
ASAM RISK: 3, recommend continuation of tx at ASAM Level 111.3 to identify triggers for use and prepare extensive plan for coping with relapse triggers, urges to use.

ASAM Dimension 6 - Recovery Environment

Summary of Progress: **P/O was not in treatment long enough to develop service plans for this dimension.**

Continued Care Plan (Include ASAM risk rating, recommended level of care, and any current referrals):
ASAM RISK: 3, P/O has significant family history of substance abuse problems, homeless at time of assessment, and has no funds available to meet his basic needs.

Additional Comments: **NOTICE TO P/O: If your discharge from ASAM Level III.3, Long Term Treatment (TC) is followed by a transfer to a lower ASAM Level of treatment, the receiving Chemical Dependency Professional will review your Discharge Summary to confirm accurate placement in the appropriate level of care. Be advised, your signed "CD Treatment Participation Requirements" (DOC Form 14-039) remains in place and active in all levels of your Chemical Dependency Treatment. Your placement into a lower ASAM Level of treatment includes the same treatment rules and requirements as your ASAM Level III.3 treatment. You are accountable to all TC rules; Major, House and Cardinal and the expectation is that you demonstrate your Right Living skills and tools in the setting you are transferring to.**

As a continuation of your treatment program, you are scheduled for the following Chemical Dependency appointment:

Agency Name: **TBD**

Agency Address: **TBD**

Appointment Date and Time: **TBD** Agency Phone Number **TBD**

Name of Contact: **TBD**

Patient/offender was provided a copy of the Discharge/Transfer Summary ☐ Yes ☒ No

Patient was not provided a copy of the Discharge/Transfer Summary due to:
P/O was placed in Secured Housing Unit and unavailable to meet with CDP.

K Graham-Ulum CDP
Case Manager/Counselor Signature

02.10.2015
Date

Unavailable
Patient/Offender Signature

Date

State of Washington
Department of Corrections

Custody Review
Full Version

Assigned Counselor: Gillespie, Thomas F

Printed By: Tipton, Joseph R
Print Date: 02/17/2015

Inmate: SCHLEY, Matthew Raydouglas (746992)

Gender: Male	DOB: 09/30/1975	Age: 39	Category: Regular Inmate	Body Status: Active Inmate
RLC: HV	Wrap-Around: No	Comm. Concern: No	Custody Level: Minimum 2 - Camp	Location: OCC — HOU / HC20L
ERD: 10/23/2015				CC/CCO: Gillespie, Thomas F

Offender Information

Time Start:
10/14/2014

Expiration Date
Mandatory:
Maximum:
08/19/2016

Eligibility Date
Camp:
10/14/2014
Work Release:
04/23/2015

Supervision Ordered
Yes

Mental Health
SMI: No
ORCS: U

Offender Release Plan:
Investigation

Next Review Date:
04/23/2015

Ten Day Release:
Eligible

Commitment Type:
DOSA

End Of Sentence Review Status:
N

Purpose of Review

Purpose Of Review	Date Initiated
Intake	01/08/2015

Detainers

Type	Narrative
MI - NA	DWLS 3 FTA

Holds

Hold	Staff Name	Hold Until

Community Support

County Of First Felony Conviction, WA: Mason

Residence Sponsor

Last, First Name:	Date Of Birth:	Age:	Relationship:
Schley, Ariel			Wife
Phone No.:	**Type:**		
(253) 735-5039	Cell		

Anticipated Release Address
3005 17 Th St. SE
Auburn, Washington
United States
98092

Individuals in Home

Last, First Name:	Gender:	Date Of Birth:	Age:	Relationship:

Program Needs

Education

GED/HSD:	Date Obtained:	Location:	Verified?
GED	08/12/1998	DOC	

Grade Point Equivalency

Math:	Reading:
6th	11th

Dependency

Substance Abuse:	Level Of Care:
Y	LTR=3.3

Personality Assessment Inventory

Suicide:	Violence:	Victimization:
		N

Offender Needs (Needs Assessment Tool)

ALCOHOL / DRUG USE

FRIENDS

COMMUNITY EMPLOYMENT

Offender's Willingness to Participate

SOTP:	No	Cognitive/Mental Health Programs:	Yes
Chemical Dependency Program:	Yes	Family/Community Support:	Yes

Narrative:

The Offender Needs Assessment Indicates That The Following Identified Risk Factors Contribute To The Offender's Criminal/Antisocial Behavior: Alcohol / Drug Use, Friends And Community Employment. Imposed Conditions May Be Considered By The OCC Multidisciplinary/FRMT Committee Upon Receipt Of Additional Information, Noncompliance With Facility Plan Expectations, Poor Behavior, Or Recommendations Provided By Service Providers (DOC 390.600 Imposed Conditions). His MDT Job Screening Checklist Is Current.

Education/Employment Needs

Education/Employment Need

Needs Full Time Prison Work Assignment

Narrative:

Offender Schley Says He Is Willing To Program While In Prison And Knows As Part Of His DOSA Sentence He Will Need To Participate In CD Tx. He Says He Has Family/Community Support In King Co (His Country Of Origin Is Mason). He Has No Firm Release Plan At This Time. He Says He Has A Home He Owns In S. King Co But He Is Unsure If He Will Be Able To Go There Or Not. He Says He Completed The 11th Grade And Ultimately Obtained A GED. He Says He Has Worked As A Millwright, Electrician And Welder In The Community.

Programs

Program Name	Program Date	Program Status
GENERAL (LABOR POOL)	01/07/2015	Assigned

Custody Score

Crime Category

Crime Category Score: 20

Crime Category	Offense
D	Burglary 2

History of Violence - Institutional

Institutional History Score: 10

Other Jurisdictions

Infraction Description: **Closest Equivalent DOC Infraction:** **Date Occurred:**

Infraction Narrative:

History of Violence - Other

Other History Of Violence Score: 5

RCW Offense: **Date Occurred:**

Other Jurisdictions

Offense Description: **Most Likely RCW Offense:** **Date Occurred:**

Offense Narrative:

Detainers

Detainer Score: 10

	Felony	ICE
Current	No	No
Potential	No	No

Escape History

Escape History Score: 6

DOC

Escape Description	Month	Year

Age

Age Score: 6

Age At Time Plan Initiated: 39

Calculated Custody

Custody Score: 57

Calculated Custody: Minimum

Expectations

Condition

Expectation	Frequency	Due Date	Complete
AA-ALCOHOLICS ANONYMOUS	Weekly	10/23/2015	No
NA-NARCOTIC ANONYMOUS	Weekly	10/23/2015	No
JOB SEEKING SKILLS	As Required	10/23/2015	No
TC (DOSA) Treatment	As Required	10/23/2015	No

LFO (Legal Financial Obligations)

Cause	Amount
011001484	$9,233.72
131153021	$1,319.17
141018742	$600.00

Total: $11,152.89

Targeted Custody

Targeted Date	Targeted Custody	Targeted Placement	Inmate Preferred Location
04/23/2015	Minimum 1 - Work Release	WR	Seattle Area WR

Disciplines

Discipline	Other Discipline	Staff
	There is no data to display.	

Comments/Recommendations

Submit/Review Date	Name	Comments	Concur
01/08/2015	Gillespie, Thomas F	(Offender) Offender Schley was present for the intake interview with CC3 Gillespie and participated in the process. He stated that he understood all facility expectations and will comply with his facility plan. (Counselor) I have reviewed the in-effect plan and verified that risk areas are identified. He has been given a copy of his signed letter of expectation. He arrived at OCC on 1/7/15. He met with me and his classification questions were answered. His risk areas have been identified on the ONA and they are appropriate. He was referred for programming to address needs areas. Separation concerns were addressed and prohibited placement at WSP, AHCC, and AHCC-MSC. He has been apprised that he can purchase his criminal conviction record from WSP. He was notified of his NCO's and he understands he will be held accountable for any violations. He is currently eligible for 10 day release. He was targeted MI1 by HQ at his initial on 4/23/14. An ORP will be submitted 6 months before his ERD.	
01/08/2015	Anderson, Theresa A	(FRMT) Concur with the above Intake plan. Schley is to comply with all programming as assigned by the classification team and remain infraction free.	Yes

Assigned Custody

Calculated Custody:	Assigned Custody:	Override Reason:	Override Narrative:
Minimum	Minimum 2 - Camp		
	Classification Status:	**Completion Date:**	**Custody Assigned By:**
	In-Effect	01/08/2015	Theresa Anderson, Correctional Unit Supervisor

DOC: 746992 **Name:** SCHLEY, Matthew Raydouglas

Department of Corrections
WASHINGTON STATE

CHEMICAL DEPENDENCY DOSA AGREEMENT (PRISON, RESIDENTIAL, AND COMMUNITY)

The 1999 Legislature passed a Special Drug Offender Sentencing Alternative – SHB 1006. This legislation was effective on July 25, 1999, and applies to all offenders who committed their crime on or after that date.

1. Your Judgment and Sentence (J&S) indicates that the sentencing judge has granted you a Drug Offender Sentencing Alternative (DOSA).

2. A DOSA sentence requires that you participate in treatment offered by the Department of Corrections or a contracted community residential program. You will undergo a comprehensive substance abuse assessment and will receive treatment services based on custody level, capacity, length of total confinement, and treatment needs.

3. You will be required to maintain your current DOSA eligibility status as stated in DOC 670.655 Special Drug Offender Sentencing Alternative.

4. If you have a mental impairment that would prevent your participation and/or completion in any Chemical Dependency treatment modality, you will be referred to a community based treatment provider in order to ensure that the conditions of your DOSA sentence are met.

5. You will be on supervision in the community after release from Prison or residential treatment. During this time, you will be required to continue in substance abuse treatment on an outpatient basis. The length of your outpatient treatment will be determined by your treatment needs and the treatment provider but not less than six (6) months.

6. If you are approved to seek treatment resources outside of the Department and at your own expense, failure to pay for these services may constitute a violation of your supervision.

7. If you fail to successfully complete the requirements set forth in the J&S and/or conditions imposed by the Department, you will be subject to administrative sanctions by the Department, which may include the revocation of your DOSA sentence. The Department may reclassify you and impose the unexpired term of the original sentence, as imposed by the court.

8. As part of your DOSA sentence, the transferring facility will develop an appropriate transition plan. The plan may include transfer to a designated Work Release designed to accommodate your individual treatment needs.

9. If you refuse to abide by the terms and conditions imposed by the treatment program, which includes the use of any alcohol and/or drugs, you may be referred to the Department's Hearings Unit or the court for possible revocation of your DOSA sentence, which can result in reclassification to serve the remaining original balance of your sentence as imposed by the sentencing court.

10. For Prison DOSAs:

    After alternatives to retain you in the program have been addressed and it has been concluded that termination is appropriate, you may be "administratively" terminated from the DOSA chemical dependency treatment program as determined and documented by the primary CD professional and based on:

    a) A pattern of behavioral issues that have been continual and responses to interventions have been unsuccessful.

    b) A lack of progression towards the goals of a treatment plan as determined by the primary CDP and staffed with his/her supervisor.

    c) Any major infraction that causes a change in custody level or the violation of condition(s) outlined in the CD Treatment Participation Requirements DOC 14-039 or the DOSA Agreement DOC 14-042.

    d) An offender's continual behavior that causes placement in an Intensive Management Unit for a length of time whereby s/he is unavailable to participate in CD treatment based on the offender's ERD and the triage for admission to CD services.

I have read or have had read to me the terms and conditions of this agreement, and:

☒ I agree that I will fully participate in all required substance abuse treatment programs.

☐ I am refusing participation in the DOSA treatment program. I understand that a Department administrative hearing will be held and I may be reclassified and serve the unexpired term of my original sentence or I may be referred back to the sentencing court for reconsideration of my sentence.

MATTHEW Schley Name (print)	746992 DOC Number
Matthew Schley Signature	01-~~18~~ 21-15 Date
GRAHAM. DUNN Staff Witness(print)	
Graham. Dunn COP Signature	01. 21. 2015 Date

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Distribution: ORIGINAL File COPY-Offender

Department of Corrections
WASHINGTON STATE

SUBSTANCE ABUSE RECOVERY UNIT COMPOUND RELEASE OF CONFIDENTIAL INFORMATION

Name: Schley, Matthew

DOC Number: 746992

Agency(s) making disclosure: Washington State Department of Corrections

TYPE OF INFORMATION TO BE DISCLOSED/REDISCLOSED

- ☒ UA results
- ☒ Treatment Admission/Participation/Attendance Status
- ☒ Assessment information, results & treatment recommendations
- ☒ Treatment Plan and Progress in Treatment
- ☒ Medical findings
- ☒ Compliance/Non-Compliance Reports
- ☒ Discharge/Transfer Summary
- ☐ Other: _____

☐ Three-party release of: Assessment information, results & treatment recommendations

From: _____ Completed on: _____

EACH PURPOSE FOR USE AND/OR DISCLOSED/REDISCLOSED

- ☐ At patient request
- ☒ Treatment compliance
- ☒ Mutual exchange of information
- ☒ Continuity of medical care
- ☐ Legal
- ☐ Other: _____

RECIPIENT OF PROTECTED HEALTH INFORMATION

Addressee(s) & any title, institutional class, group or other affiliation, to disclose to or receive from:

Department of Corrections Staff

- ☒ Court: King
- ☒ Judge: King
- ☒ Prosecuting Attorney: King
- ☒ Defense Attorney: King
- ☐ Treatment Agency: _____
- ☐ Other: _____

Deliver by Written Report, Assessments, Court Reports, Court Staffing, Secure Electronic Transmittal, Fax

REVOCATION, REDISCLOSURE, DURATION

It is my understanding that this authorization can be revoked in writing at any time, unless disclosure is required to effectuate payments for health care that has been provide or other substantial action has been taken in reliance on this authorization. In any event this consent will expire at the end of the term of Department of Corrections supervision, 60 days following discharge from the treatment program or 90 days from the date of this signed consent, whichever is later.

_____ If I am subject to the jurisdiction of the Indeterminate Sentence Review board (ISRB), this consent will terminate upon the expiration of my maximum sentence or the granting of final discharge.

_____ If I am Sentencing Reform Act (SRA) offender, this consent will terminate upon the expiration of my Prison sentence and any post- release supervision.

AUTHORIZATION

I understand that my records are protected under federal regulations governing confidentiality of Alcohol and Drug Abuse Records, 42 CFR Part 2, and cannot be further disclosed without my written consent unless otherwise provided for in the regulations.

I understand that I do not have to sign this authorization in order to receive health care benefits (treatment, payment, enrollment, or eligibility for benefits) except for health care services necessary to create any assessment or report for disclosure to the recipient identified in this authorization.

Matthew Schley — Signature — Date: 01-21-15 — DOB: 09/30/75

Graham-Dunn CDP — Witness — Date: 01.21.2015

PROHIBITION ON REDISCLOSURE: "THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (42 CFR PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS OR OTHER INFORMATION IS NOT SUFFICIENT FOR THE PURPOSE."

Department of Corrections
WASHINGTON STATE

CHEMICAL DEPENDENCY DIMENSIONAL ANALYSIS ASSESSMENT

Patient Name: SCHLEY, MATTHEW RAYDOUGLAS DOC #: 746992

Next of Kin: ARIEL DREAGER NOK Phone Number: 253-334-1349

Patient Age: 39 Patient DOB: 9/30/1975 D.O.L: ☐ Yes ☒ No

Assessing CDP: FALL, RICHARD Site: WCC-RC Assessment Date: 11/4/2014

Is this an Assessment Update? ☐ Yes ☒ No

Patient description of Presenting Problem: "THE MAJOR DOWNFALL OF MY LIFE" METH

DIMENSION 1: ACUTE INTOXICATION AND/OR WITHDRAWAL POTENTIAL

A. Current Signs and Symptoms of Withdrawal (DSM-5)

☐ **Alcohol Withdrawal-Must meet all 4 Criteria to be considered withdrawal**

☐ Current ☐ Historic ☒ N/A

A. ☐ Cessation of (or reduction in) alcohol use that has been heavy and prolonged.

B. ☐ Two (or more) of the following, developing within several hours to a few days after Criteria A (above). Check at least two if present:

- ☐ 1 Autonomic hyperactivity (e.g. sweating or pulse rate greater than 100)
- ☐ 2 Increased hand tremor
- ☐ 3 Insomnia
- ☐ 4 Nausea or vomiting
- ☐ 5 Transient visual, tactile, or auditory hallucinations or illusions
- ☐ 6 Psychomotor agitation
- ☐ 7 Anxiety
- ☐ 8 Grand mal seizures

C. ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

D. ☐ The symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

☒ **Amphetamine/Cocaine Withdrawal-Must meet all 4 Criteria to be considered withdrawal**

☐ Current ☐ Historic ☒ N/A

A. ☒ Cessation of (or reduction in) amphetamine/cocaine (or a related substance) use that has been heavy and prolonged.

B. ☒ Dysphoric mood and two (or more) of the following physiological changes, developing within a few hours to several days after Criteria A:

- ☒ 1 Fatigue
- ☐ 2 Vivid, unpleasant dreams
- ☒ 3 Insomnia or hypersomnia
- ☒ 4 Increased appetite
- ☐ 5 Psychomotor retardation or agitation

C. ☒ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

D. ☒ The symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

☐ **Cannabis Withdrawal-Must meet all 4 Criteria to be considered withdrawal**

☐ Current ☐ Historic ☒ N/A

A. ☐ Cessation of cannabis use that has been heavy and prolonged.

B. ☐ Three (or more) of the following signs and symptoms develop within approximately 1 week after Criteria A:

- ☐ 1 Irritability, anger or aggression
- ☐ 2 Nervousness or anxiety
- ☐ 3 Sleep difficulty (e.g., insomnia, disturbing dreams).
- ☐ 4 Decreased appetite or weight loss
- ☐ 5 Restlessness
- ☐ 6 Depressed mood.
- ☐ 7 At least one of the following physical symptoms causing significant discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills or headache

C. ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

D. ☐ The symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

☐ **Nicotine Withdrawal-Must meet all 4 Criteria to be considered withdrawal**

☐ Current ☐ Historic ☒ N/A

A. ☐ Daily use of nicotine for at least several weeks

B. ☐ Abrupt cessation of nicotine use, or reduction in the amount of nicotine used, followed within 24 hours by four (or more) of the following signs:

- ☐ 1 Dysphoric or depressed mood
- ☐ 2 Insomnia
- ☐ 3 Irritability, frustration, or anger
- ☐ 4 Anxiety
- ☐ 5 Difficulty concentrating
- ☐ 6 Restlessness
- ☐ 7 Decreased heart rate
- ☐ 8 Increased appetite or weight gain

C. ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

D. ☐ The symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

Patient Name: M. SCHLEY DOC #: 746992

☒ **Opioid Withdrawal-Must meet all 4 Criteria to be considered withdrawal**

☐ Current
☒ Historic
☐ N/A

A. ☒ Either one of the following
- ☒ 1 Cessation of (or reduction in) opioid use that has been heavy and prolonged (several weeks or longer)
- ☐ 2 Administration of an opioid antagonist after a period of opioid use

B. ☒ Three (or more) of the following, developing within minutes to several days after Criteria A (above):
- ☒ 1 Dysphoric mood
- ☒ 2 Nausea or vomiting
- ☒ 3 Muscle aches
- ☒ 4 Lacrimation or rhinorrhea (runny nose)
- ☒ 5 Pupillary dilation, piloerection (skin hair standing on end) or sweating
- ☒ 6 Diarrhea
- ☒ 7 Yawning
- ☒ 8 Fever
- ☒ 9 Insomnia

Report S: used prescribed Medication

C. ☒ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. ☒ The symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

☐ **Sedative, Hypnotic or Anxiolytic Withdrawal-Must meet all 4 criteria to be considered withdrawal**

☐ Current
☐ Historic
☐ N/A

A. ☐ Cessation of (or reduction in) sedative, hypnotic or anxiolytic use that has been heavy and prolonged

B. ☐ Two (or more) of the following, developing within several hours to a few days after Criteria A:
- ☐ 1 Autonomic hyperactivity (e.g. sweating or pulse rate greater than 100)
- ☐ 2 Increased hand tremor
- ☐ 3 Insomnia
- ☐ 4 Nausea or vomiting
- ☐ 5 Transient visual, tactile, or auditory hallucinations or illusions
- ☐ 6 Psychomotor agitation
- ☐ 7 Anxiety
- ☐ 8 Grand mal seizures

C ☐ Symptoms in Criteria B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning

D. ☐ The symptoms are not due to a general medical condition and are not better accounted for by another medical disorder.

B. Withdrawal/Tolerance History

Have you ever been admitted to a Detoxification Facility for withdrawal from alcohol or other drugs? ☐ Yes ☒ No

Detox Date(s) DENIES Where? Drug?
Detox Date(s) Where? Drug?
Detox Date(s) Where? Drug?

If No, Where did the withdrawals occur? ☒ Jail ☒ Home ☐ Hospital ☐ Other

Have you ever used a substance to relieve or avoid withdrawals? ☒ Yes ☐ No Which substances? METH

Have you noticed it takes more of a given substance to get the same results as before? ☒ Yes ☐ No Which Substances? METH, ETOH

Have you noticed less of an effect from a given substance than you used to get before? ☒ Yes ☐ No Which Substances? METH, ETOH

Dimension 1-Risk Rating (From PPC-2R-Appendix A):

4
- ☐ Incapacitated with severe signs and symptoms of withdrawal.
- ☐ Severe withdrawal presents danger (e.g. seizures).
- ☐ Continued use poses an imminent threat to life.

3
- ☐ Demonstrates poor ability to tolerate and cope with withdrawal discomfort.
- ☐ Severe signs and symptoms of intoxication indicate patient may pose an imminent danger to self and others
- ☐ Severe signs and symptoms or risk of severe but manageable withdrawal, or withdrawal is worsening despite detoxification at a less intensive level of care

2
- ☐ Some difficulty tolerating and coping with withdrawal discomfort.
- ☐ Intoxication may be severe but responds to treatment so patient does not pose imminent danger to self or others.
- ☐ Moderate signs and symptoms, with moderate risk of severe withdrawal.

1
- ☐ Demonstrates adequate ability to tolerate and cope with withdrawal.
- ☐ Mild to moderate intoxication or withdrawal signs and symptoms interfere with daily functioning, but do not pose imminent danger to self or others.
- ☐ Minimal risk or severe withdrawal.

0
- ☐ Fully functioning. Demonstrates good ability to tolerate and cope with withdrawal discomfort.
- ☒ No signs or symptoms of intoxication or withdrawal are present, or signs/symptoms, if present, are resolving.

Recommended ASAM Level of Care for Dimension 1 Acute Intoxication/Withdrawal Potential:

☒ No Detoxification services indicated

☐ Level III.2D Clinically Managed Residential Detoxification (Sub-acute)

☐ level III 7D Medically Managed Residential Detoxification (Acute)

CDP Summary Interpreting Dimension 1 Data (DO NOT LEAVE BLANK)
HISTORY OF WITHDRAWAL FROM METH & OPIOIDS (REPORTS THAT OPIOIDS WERE TAKEN AS PRESCRIBED); TOLERANCE TO METH & ETOH

no change - Kgd 02.11.15

Patient Name: M. SCHLEY DOC #: 746992

Service plans needs
RISK OF CROSS TOLERANCE:
CHRONIC NATURE OF SUBSTANCE USE DISORDERS:

Individual strengths:
LAST USE DATE: 2/5/2014 METH:

DIMENSION 2:
BIOMEDICAL CONDITIONS AND COMPLICATIONS

1. Which of the following medical conditions do you currently have, or have had in the past?

	Treated	Untreated	When
☐ Anemia or blood disorder	☐	☐	
☐ Rheumatic or scarlet fever	☐	☐	
☐ Chest pains	☐	☐	
☐ Fainting Spells	☐	☐	
☐ Kidney disease or bladder infection	☐	☐	
☒ Liver disease-hepatitis or jaundice	☐	☐	2000
☐ Cancer- Type:	☐	☐	
☐ High or low blood sugar	☐	☐	
☐ Tuberculosis	☐	☐	
Last Test Date 10/23/2014	Test results: NEGATIVE		
TB Screening Complete? ☐ Yes ☐ No	Date		
☒ Ulcers or pains in the stomach	☐	☐	
☐ Epilepsy	☐	☐	
☐ Heart trouble	☐	☐	
☐ Shortness of breath	☐	☐	
☐ High or low blood pressure	☐	☐	
☐ Chronic Pain	☐	☐	
☐ Glaucoma	☐	☐	

	Treated	Untreated	When
☐ Allergies (food or drug) ☐ Yes ☐ No	☐	☐	
If yes, to what:			
☐ Physical Injury	☐	☐	
☐ If yes, what: "LOTS OF BROKEN BONES; SHOT 3 TIMES. STABBED TWICE"			
☐ Venereal Disease	☐	☐	
☒ Other: dental damage	☐	☐	

For Females

☐ Menopause or menopausal	☐	☐	
☐ Pre Menstrual Syndrome	☐	☐	
☐ Pregnancy: ☐ Suspected ☐ Confirmed			
Number of Months:			
Referred to First Steps? ☐ Yes ☐ No			

2. Have these, or any other medical conditions been impacted by your use of alcohol or other drugs? ☐ Yes ☐ No
If answered yes, what substances METH, ETOH
Have you continued to use a substance despite knowing it has caused or worsened a medical condition? ☐ Yes ☐ No
If yes, in what way? DENTAL DAMAGE, HEPATITIS C

3. Have you ever had any surgeries or been hospitalized? ☒ Yes ☐ No If yes,

Why?	Where?	When?
TESTICULAR HERNIA	AUBURN	2008
APPENDIX REMOVED	BELLEVUE	1996

Were any of these related to your use of alcohol or other drugs? ☐ Yes ☒ No If so, how? DENIES

4. Do you have access to medical care? ☐ Yes ☒ No Provider Name: DOC MEDICAL (NO OUTSIDE PROVIDER)
Physician's Name: NONE ARNP @ OCC City: Forks State: WA

5. Do you routinely access medical care? ☐ Yes ☒ No
Last saw a doctor for: HERNIA SURGERY Date: 2008 Outcome: TREATED

6. Are you currently taking any prescription medication? ☒ Yes ☐ No If yes,
Name of Medication: SEE DIM 3 Dose: Prescribed by:
Name of Medication: Dose: Prescribed by:
Name of Medication: Dose: Prescribed by:

updated 01.21.2015 kgd COP

Patient Name: M. SCHLEY DOC #: 746992

7. Current physical illnesses, other than withdrawal, that need to be addressed or which may complicate treatment (from checklist):
DENIES

8. How would you describe your physical health? ☐ Poor ☐ Average ☐ Good ☒ Excellent

9. Counselor's observation of Patient's physical health: ☐ Poor ☐ Average ☒ Good ☐ Excellent

Risk Rating for Dimension 2 (from PPC-2R-Appendix A):

4 ☐ Incapacitated with severe medical problems.

3 ☐ Demonstrates poor ability to tolerate and cope with physical problems and/or general health is poor.
☐ Has a serious medical problem he/she neglects during outpatient or intensive outpatient treatment.
☐ Severe medical problems are present but stable.

2 ☐ Some difficulty tolerating and coping with physical problems and/or has other biomedical problems.
☐ Has a biomedical problem, which may interfere with recovery treatment.
☐ Neglects to care for serious biomedical problems.
☐ Acute, non-life threatening medical signs and symptoms are present.

1 ☐ Demonstrates adequate ability to tolerate and cope with physical discomfort.
☐ Mild to moderate signs or symptoms interfere with daily functioning.

0 ☐ Fully functioning and demonstrates adequate ability to tolerate or cope with physical discomfort.
☒ No biomedical signs or symptoms are present, or biomedical problems are stable
☐ No biomedical conditions that will interfere with treatment.

Recommended ASAM Level of Care for Dimension 2 Biomedical Conditions/Complications:
☒ No immediate biomedical services are needed Does not affect the placement decision.

☐ Level I.0 Outpatient-referral to medical primary care
☐ Level II.1 Intensive Outpatient-referral to medical primary care
☐ Level II.5 Partial Hospitalization/Day Tx-referral to medical primary care
☐ Level III.1 Recovery House-Clinically Managed Low-Intensity Residential Tx-referral to medical primary care
☐ Level III.3 Long Term Care-Clinically Managed Medium-Intensity Residential-Tx-referral to medical primary care
☐ Level III.5 Intensive Inpatient-Clinically Managed High-Intensity Residential Tx-referral to medical primary care
☐ Level III.7 Intensive Inpatient-Medically Monitored Intensive Residential Tx-medical primary care
☐ Level IV Medically Managed Intensive Inpatient Treatment-medical primary care

CDP Summary Interpreting Dimension 2 Data (include strengths/needs) (DO NOT LEAVE BLANK)
DENTAL DAMAGE DUE TO METH USE: HEPATITIS C EXACERBATED BY USE OF METH & ETOH HISTORY OF INJURIES INCLUDING BROKEN BONES, STAB WOUNDS, AND GUNSHOT WOUNDS: P/O HAD HERNIA SURGERY IN 2008 & WAS PRESCRIBED OPIOID PAIN MEDICATIONS WHICH LED TO OPIOID WITHDRAWAL -- P/O REPORTS THAT HE USE OPIOIDS AS PRESCRIBED:

Service plan needs:
IMPACT OF DRUG USE ON HEALTH:
EXERCISE AND NUTRITION FOR RECOVERY:

Individual strengths:
OVERALL HEALTH IS GOOD TO EXCELLENT; MEDICAL CONDITIONS ARE RESOLVED OR STABLE AND CURRENTLY PRESENT NO SYMPTOMS

DIMENSION 3:
EMOTIONAL/BEHAVIORAL/COGNITIVE CONDITIONS AND COMPLICATIONS
A. Emotional Conditions/Complications

1. Have you ever been physically abused? ☐ Yes ☒ No If yes, when and by whom: DENIES
Have you received or participated in counseling for this issue? ☐ Yes ☒ No
If yes, when and what was the outcome? N/A

2. Have you ever been sexually abused? ☐ Yes ☒ No
If yes, when and by whom: DENIES
Have you received or participated in counseling for this issue? ☐ Yes ☒ No
If yes, when and what was the outcome? N/A

No charges - Kgd 03.11.15

Patient Name: M. SCHLEY DOC #: 746992

3. Have you ever been emotionally/verbally abused? ☐ Yes ☒ No
If yes, when and by whom: DENIES
Have you received or participated in counseling for this issue? ☐ Yes ☒ No
If yes, when and what was the outcome? N/A

4. What significant life events (losses, deaths, hardships, loss of custody of children etc.) have you experienced?
Describe: "MY MOM DIED WHEN I WAS 18; I LOST 2 OF MY KIDS FROM BEING LOCKED UP; BOTH MY SONS"

5. Are you currently experiencing any of the following? ☒ None Reported
☐ Feeling hopeless ☐ Moodiness ☐ Sleeplessness ☐ Self-harm ☐ Decreased energy
☐ Preoccupation with death ☐ Feeling Withdrawn ☐ Taking unnecessary risks ☐ Giving away valued possessions

6. Is there any history of suicide in your family? ☐ Yes ☒ No If yes, explain
DENIES

7. Have you ever attempted suicide or self harm? ☐ Yes ☒ No If yes, when and how?
DENIES

8. Do you currently have any suicidal thoughts? ☐ Yes ☒ No If yes how recently?
DENIES

9. Do you currently have a plan to harm yourself? ☐ Yes ☒ No If yes, describe your plan:
DENIES

10. Suicide risk assessment:(lowest risk to highest risk) ☐ None ☒ Low ☐ Moderate ☐ High ☐ Imminent Danger
As evidenced by DENIES HISTORY OF SA OR SI
If imminent danger describe immediate intervention: NONE

B. Behavioral Conditions/Complications

1. Do you ever have homicidal thoughts or thoughts of harming others? ☐ Yes ☒ No If yes, explain:
DENIES

2. Do you have any history of combative and/or assault behavior? ☐ Yes ☒ No If yes, explain:
DENIES ANY HISTORY OF VIOLENCE AND NONE ON RECORD

3. Have you ever driven a motor vehicle after consuming alcohol or any other mind/mood altering substances? ☐ Yes ☒ No. If yes:
How many times have you done it? _____ How often do you do it? _____ Does it concern you? ☐ Yes ☐ No
Did it ever result in arrest/charges for DUI? ☐ Yes ☐ No If yes:
How many times? _____ What was the BAL/BAC at the time of arrests(s)?
How much did you consume/ingest before driving? _____ Over how much time? _____
How impaired did you feel at the time of arrest? DENIES HISTORY OF DRIVING UNDER THE INFLUENCE
What were the circumstances?

4. What have you done while under the influence of alcohol or other drugs that you later regretted?
Describe: "CRIMES & BURGLARIES & STUFF; I DON'T LIKE STEALING STUFF; I DON'T LIKE THIEVES"
What substance (s): METH

5. How much time do you spend on average, in a typical week, in activities necessary to obtain, use or recover from the effects of using alcohol or other drugs? (spending time at bars/drug houses/motels, seeking out dealers, recovering from hangovers or binges, etc.)
Describe: "I LOVE TO BE OUT OF THE WOODS & HIKING WHEN I'M HIGH I SELL (DRUGS), I BUY SELL & TRADE MERCHANDISE; HUSTLE" NOTE; P/O USED METHAMPHETAMINES DAILY
What substance (s): METH

6. What important social, occupational or recreational activities have you given up or reduced because of using alcohol or other drugs? (e.g. lost a job or marriage/relationship/friend, quit attending social events.)
Explain: "I'VE LOST JOBS BECAUSE OF IT; I USED TO LOVE FISHING; A LOT OF MY GOOD HEALTHY HOBBIES"
What Substances? METH Did you continue to use? ☒ Yes ☐ No

No Charges Rgd 02.12.15

Patient Name: M. SCHLEY DOC #: 746992

7. Describe any recurrent substance use that has resulted in a failure to fulfill major role obligations at work, school, home or with DOC supervision

"ROLE AS A FATHER, DEFINITELY; I GOT LAID OFF AS A SUPERVISOR"

What Substances? METH Did you continue to use? ☒ Yes ☐ No

C. Cognitive Conditions/Complications

1. Have you continued to use alcohol or other drugs despite having identified problems that were caused or made worse because of that use?
☒ Yes ☐ No What substance (s): METH "AT THAT TIME YOU DON'T SEE THAT THAT'S WHAT'S CAUSING IT, BUT WHEN YOU SOBER UP YOU DO"

2. Have you ever been diagnosed with any cognitive or learning disorder/disability? ☐ Yes ☒ No
If yes, when, by whom, and what was it? DENIES

3. Do you have any problems with understanding written materials or been diagnosed with dyslexia? ☐ Yes ☒ No If yes, what is the problem? DENIES
Have you ever received any help with this problem? ☐ Yes ☒ No If yes, what kind of help? N/A
Do you need any help to understand written or verbal information? ☐ Yes ☒ No If yes, what kind of help do you need? DENIES

4. Do you have any language barriers with English? ☐ Yes ☒ No
If yes, what kind of help do you need? NONE

D. Mental Health Conditions/Complications

1. Have you had a significant period (that was not a direct result of drug/alcohol use) in which you experienced any of the following
☐ Anxiety/nervousness ☐ Grief/loss issues ☐ Sleep disturbances ☐ Hostility/violence
☐ Inability to comprehend ☐ Depression ☐ Phobias/paranoia/delusions ☐ Loss of appetite
☐ Eating disorders, specify-> ☐ Anorexia ☐ Bulimia ☐ Other
☐ Hallucinations, specify-> ☐ Auditory ☐ Visual
When did you experience them and what did you do about it?
DENIES ABOVE SYMPTOMS

2. Is there any mental illness in your family? ☐ Yes ☐ No If yes, who and what is the illness?
Relative SISTER Illness UNKNOWN Status UNKNOWN
Relative Illness Status

3. Have you ever been diagnosed with a mental health condition? ☒ Yes ☐ No If yes, who and what is the diagnosis? PTSD, DEPRESSION
Who diagnosed it? COUNTY JAIL PSYCHIATRIC Where? KING COUNTY JAIL When? 2014

4. Are you currently a patient at a mental health center or seeing a private practitioner? ☐ Yes ☒ No
If yes, where/who? DENIES

5. Have you ever received counseling or psychiatric treatment? ☐ Yes ☒ No
If yes, where, when, and for what? "JUST MEDS"

6. Are you currently using prescribed medications for mental health purposes? ☒ Yes ☐ No If yes,
Name of Medication: SERTRALINE Dose: 150 MG PM Prescribed by: DOC
Name of Medication: PRAZOSIN Dose: 15 MG PM Prescribed by: DOC

7. Are you currently using non-prescribed drugs for mental health purposes? ☐ Yes ☒ No If Yes:
Name of Drug: DENIES Dose: Frequency Duration:

8	How would you describe your current mental health?	☐ Poor	☐ Average	☒ Good	☐ Excellent
9	Evaluation of patient's mental health:	☐ Poor	☐ Average	☒ Good	☐ Excellent
10	Evaluation of patient's ability to perform daily living skills?	☐ Poor	☐ Average	☒ Good	☐ Excellent

No changes - Kgd 03-18-15
" Kgd

Patient Name. M. SCHLEY DOC #: 746992

Risk Rating for Dimension 3 (from PPC-2R-Appendix A):

NOTE: A risk rating of 4 in this dimension requires an immediate intervention.

4 ☐ Severe emotional condition/complication, with acute risk/potential for imminent danger to self or to others as evidenced by _____ Requires intensive/residential/involuntary addiction treatment.

☐ Severe behavioral condition/complication, with acute risk/potential for imminent danger to self or to others as evidenced by _____ Requires intensive/residential/involuntary addiction treatment.

☐ Severe cognitive condition/complication, with acute risk/potential for imminent danger to self or to others as evidenced by _____ Requires intensive/residential/involuntary addiction treatment.

☐ Severe mental health condition/complication, with acute risk/potential for imminent danger to self or to others as evidenced by _____ Requires intensive/residential/involuntary addiction treatment.

3 ☐ Severe emotional condition/complication requires residential intervention, with symptoms that significantly interfere with addiction treatment as evidenced by _____

☐ Severe behavioral condition/complication requires residential intervention, with symptoms that significantly interfere with addiction treatment as evidenced by _____

☐ Severe cognitive condition/complication requires residential intervention, with symptoms that significantly interfere with addiction treatment as evidenced by _____

☐ Severe mental health condition/complication requires residential intervention, with symptoms that significantly interfere with addiction treatment as evidence by _____

2 ☐ An acute or persistent emotional condition/complication requires intervention, with symptoms that significantly interfere with addiction treatment, as evidenced by _____

☒ An acute or persistent behavioral condition/complication requires intervention, with symptoms that significantly interfere with addiction treatment, as evidenced by RECIDIVISM IS INDICATIVE OF ANTISOCIAL BEHAVIOR

☐ An acute or persistent cognitive condition/complication requires intervention, with symptoms that significantly interfere with addiction treatment, as evidenced by _____

☒ An acute or persistent mental health condition/complication requires intervention, with symptoms that significantly interfere with addiction treatment, as evidenced by PTSD, DEPRESSION, MEDICATION REGIMEN

1 ☐ An emotional condition/complication requires intervention, but does not significantly interfere with addiction treatment.

☐ A behavioral condition/complication requires intervention, but does not significantly interfere with addiction treatment

☐ A cognitive condition/complication requires intervention, but does not significantly interfere with addiction treatment.

0 ☐ No emotional, behavioral or cognitive conditions that require treatment.

Recommended ASAM Level of Care for Dimension 3 Emotional/Behavioral/Cognitive/Conditions:

☐ No Treatment Services Recommended

☐ Level 0.5 Early Intervention/Education-Alcohol and Other Drug Information School

☐ Level I.0 Outpatient

☒ Level II.1 Intensive Outpatient

☐ Level II.5 Partial Hospitalization/Day Treatment

☐ Level III.1 Recovery House-Clinically Managed Low-Intensity Residential Treatment

☐ Level III.3 Long Term Care-Clinically Managed Medium-Intensity Residential-Treatment

☐ Level III.5 Intensive Inpatient-Clinically Managed High-Intensity Residential Treatment

☐ Level III.7 Intensive Inpatient-Medically Monitored Intensive Residential Treatment

☐ Level IV Medically Managed Intensive Inpatient Treatment

CDP Summary Interpreting Dimension 3 Data (include strengths/needs): (DO NOT LEAVE BLANK)

REPORTED DIAGNOSIS: PTSD, DEPRESSION, MEDICATION REGIMEN4 CHILDREN: 2 SONS (22 &16) 2 DAUGHTERS (6 & 1): SEPARATED FROM SONS DUE TO INCARCERATION (FOR MANUFACTURING): OLDER DAUGHTER IS WITH MOTHER (WHO IS CURRENTLY IN TREATMENT) REPORTS THAT USE INTERFERED WITH ROLE AS A FATHER: HIGH RISK ACTIVITIES RELATED TO DRUGS E.G. SELLING DRUGS & PROPERTY CRIMES: INORDINATE AMOUNT OF TIME SPENT IN ACTIVITIES RELATED TO DRUGS: USE INTERFERED WITH IMPORTANT ROLES & OBLIGATIONS:

Service plan needs:

IMPACT OF SUBSTANCE USE ON MENTAL HEALTH:

IMPACT OF SUBSTANCE USE ON RELATIONSHIPS:

DISCUSS WHAT BEHAVIORS YOU THINK ARE "STUPID" & WHY: DISCUSS IDEAL BEHAVIORS, REPRESENTATIVE OF RECOVERY:

HIGH RISK BEHAVIOR ASSOCIATED WITH DRUG USE:

No changes. Kgd 03.11.15

Patient Name: M. SCHLEY DOC #: 746992

Individual strengths:
~~PRESENTS AS STABLE:~~

DIMENSION 4:
READINESS TO CHANGE
A. Substance Use Disorder Treatment History

Program Name and Location	Dates of Treatment	Treatment Completed Yes	Treatment Completed No	Length of Abstinence
SOUND RECOVERY, SUMNER, (IOP II.1)	2007	☒	☐	REPORTS 3 YEARS WHILE ON FEDERAL PROBATION
		☐	☐	
		☐	☐	

1. Do you believe you currently have a problem with the use of alcohol/drugs? ☒ Yes ☐ No
   If yes, which substance? METH
2. Do you believe you had a problem with the use of alcohol/drugs in the past? ☒ Yes ☐ No
   If yes, which substance? METH, ETOH
3. Have you ever felt you should cut down or control your substance (noted above) use? ☒ Yes ☐ No
   If so, why? "IT JUST MESSES EVERYTHING UP; IT KEEPS BRINGING ME DOWN"
4. Have you ever tried to cut down or control your use but been unsuccessful? ☒ Yes ☐ No
   If so, how many times? "THROUGHOUT MY LIFE – 20 TIMES OR 30 TIMES"
5. How would you assess your overall use of alcohol/drugs?
   "PROBABLY THE WORST THING I'VE EVER DONE IN MY LIFE; IT'S THE ROOT CAUSE OF ALL MY PROBLEMS"

B. Legal Issues

1. Are you ordered by a civil or criminal court to receive substance disorder and/or Mental Health Treatment? ☒ Yes ☐ No
2. Are you under supervision of the Department of Corrections? ☒ Yes ☐ No
   Counselors: Individuals that are court ordered to receive substance disorder treatment and/or mental health treatment and are under DOC supervision, must sign DOC 14-029 (CD/MH/Criminal Justice System Multi Party Authorization for Release of information) for the Department of Corrections, the mental health provider, the CD provider and/or the county designated CD specialist, if applicable
   ☒ Department of Corrections ☐ County SD Specialist (specify county) ☐ Other
   ☐ Patient refused counselor's request to sign Release of information. Refusal to sign Release of information must be documented and reported to CCO.
   Is the patient claiming exemption from reporting requirements? ☐ Yes ☒ No
   If yes, per WAC 388-877-0640(4)(c) requires a copy of the court order must be included in the record.
3. Have you ever been arrested or charged with any crime? ☒ Yes ☐ No
4. Arrest History:

Convictions (per OMNI)	Alcohol and Drug related	Date	Where	Sentence/Findings
Theft 1 - Property of Any Value or Motor Vehicle; Burglary 2	☒ Yes ☐ No	10/10/2014	KING	AG, AF (CONVICTED) COUNT 1, 1
	☐ Yes ☐ No			
	☐ Yes ☐ No			

5. Have you ever been in jail and/or prison? ☒ Yes ☐ No
   If so, how many times and where? PRISON = 3 X STATE & 1 X FEDERAL; JAIL = "MULTIPLE, MULTIPLE TIMES"; KING
6. Any current charges pending. ☐ Yes ☒ No If yes,
   When: 2007 Charge: DWLS Which Court? PACIFIC
   When: Charge: Which Court?
7. Have your parental rights been terminated? ☒ Yes ☐ No If yes,
   When? 2002 Why? INCARERATION By Whom? STATE

No charges - Rgd 02.11.15

Patient Name: M. SCHLEY DOC #: 746992

C. Stage of Change

The Individual presents in the following stage of change (explain in summary):

☐ Pre-contemplation ☒ Contemplation ☐ Preparation ☐ Action ☐ Maintenance

Risk Rating for Dimension 4 (from PPC-2R-Appendix A):

4b ☐ Unable to follow through with treatment recommendations resulting in imminent danger of self or others. Immediate intervention required.
☐ Unable to function independently and to engage in self-care

4a ☐ Unable to follow through, has little or no awareness of substance use problems and associated negative consequences.
☐ Knows very little about addiction and sees no connection between personal suffering and substance use
☐ Not willing to explore change in substance use, as evidenced by
☐ Is in denial regarding substance use disorder and its implications, blames others for problems, rejects treatment.
☐ Is not in imminent danger and is able to care for self

3 ☐ Exhibits inconsistent follow-through, shows minimal awareness of substance use disorder and need for treatment.
☐ Appears unaware of need to change, unwilling or only partially able to follow through with treatment recommendations.

2 ☐ Reluctant to agree to treatment for substance use problems, as evidenced by
☐ Able to articulate negative consequences of substance use, but has low commitment to change use of substances
☒ Low readiness to change, passively involved in treatment as evidenced by
☐ Variably compliant with attendance at outpatient treatment sessions or mutual self-help support groups/meetings

1 ☐ Willing to enter treatment and explore strategies for changing substance use, but ambivalent about need to change
☐ Willing to explore the need for treatment and strategies to reduce or stop substance use.
☐ Willing to change substance use, but believes it will not be difficult, or does not accept a full recovery treatment plan

0 ☐ Willing to engage in treatment/education as proactive, responsible participant, committed to changing alcohol/drug use

Recommended ASAM Level of Care for Dimension 4 Readiness to Change:

☐ No Treatment Services Recommended
☐ Level 0.5 Early Intervention/Education-Alcohol and Other Drug Information School
☐ Level I.0 Outpatient
☒ Level II.1 Intensive Outpatient
☐ Level II.5 Partial Hospitalization/Day Treatment
☐ Level III.1 Recovery House-Clinically Managed Low-Intensity Residential Treatment
☐ Level III.3 Long Term Care-Clinically Managed Medium-Intensity Residential Treatment
☐ Level III.5 Intensive Inpatient-Clinically Managed High-Intensity Residential Treatment
☐ Level III.7 Intensive Inpatient-Medically Monitored Intensive Residential Treatment
☐ Level IV Medically Managed Intensive Inpatient Treatment

CDP Summary Interpreting Dimension 4 Data: (DO NOT LEAVE BLANK)

CONTEMPLATION STAGE OF CHANGE: EXTERNALLY MOTIVATED (DOSA): **PRIOR CRIMES INCLUDE: "JUVENILE" BURGLARY; POSSESSION W/INTENT, DRUG POSSESSION "ADULT" BURGLARY 2, SRA VIOLATIONS, DRUG PARAPHERNALIA, DRUG POSSESSION, RESISTING ARREST, CARRYING FIREARMS, THEFT, UNLAWFUL EXPLOSIVE, POSSESSION W/INTENT, POSSESSION OF FIREARM, CRIMINAL CONSPIRACY (CLASS C OR B FELONY), MALICIOUS MISCHIEF; REPORTS HISTORY OF ETOH USE TO MANIPULATE UA'S S WHILE ON PROBATION: PRIOR TREATMENT:

Service plan needs:

CHANGES NECESSARY FOR RECOVERY:
GOAL SETTING. LIST CURRENT GOALS: RESEARCH GOALS AND DETERMINE IF THEY ARE APPROPRIATE & ATTAINABLE; LIST STEPS TO ACCOMPLISH GOALS:

Individual strengths:

AMENABLE TO TREATMENT;

No changes 02.11.15 Kad

Patient Name: M. SCHLEY DOC #: 746992

DIMENSION 5: RELAPSE/CONTINUED USE POTENTIAL

A. SUBSTANCE USE HISTORY

Drug of Choice PST Codes		Administration Codes		* Frequency of Use per Month for (1) one year prior to incarceration	
Primary =	1	Inhalation (I)	Oral (O)	1= No Use	4= 13+ times
Secondary =	2	Injection (J)	Smoking (S)	2= 1 to 3 times	5= Daily
Tertiary =	3	Intranasal (N)	Other (X)	3= 4 to 12 times	6= Unknown

IN THE FOLLOWING TABLE DESCRIBE THE SUBSTANCE USE WITH THE ABOVE CODE. (Be Specific)

PST Code	Substance	Admin Code	Age of 1st Use	Last Date Used	Years Used	Freq/Month Code How Often	Amount Taken Specify amount & Episode of use ** (Note progression of use)
2	Alcohol	O	13	1/31/14	28	4	start: 3 x 12 oz beers per use/2 x week peak: 4 x 22 oz fortified beer per day/daily recent use: 3 x 12 oz beers/3 x week
	Amphetamines	O	12				"I have done the ritalin once in a while & some old dexedrin, but it never did much for me"
—	Barbiturates						
	Benzodiazepines	O	21				"I've tried them but I don't like them"
—	Cocaine						
	Hallucinogens	O	21	age 35			"I used to love LSD & mushrooms" DENIES PATTERN
	Heroin	S	36				"I'VE TRIED IT A FEW TIMES
—	Inhalants						
—	Major tranquilizers						
	Marijuana/cannabis						
1	Methamphetamine	S	12	2/5/2014	27	5	start: 250 g per day/2 x week peak: 3.5 g per day/daily
	Nicotine (cannot be primary)	S	15	age 36	21	1	5 cigarettes per day
	Other opiates and synthetics	O	35				"I HAD 'EM FOR 8 MONTHS AFTER HERNIA SURGERY"
—	Other sedatives or hypnotics						
—	PCP						
—	Prescribed opiate substitute						
—	Over the counter						
—	Substance unknown/other						

no changes - Rpd COP
01.21.2015

Patient Name: M. SCHLEY DOC #: 746992

B. Relapse History

1. Have you ever attempted to discontinue your use of alcohol? ☒ Yes ☐ No If yes, how many times? "a couple times"
   What is the longest time you have abstained? 3 years What motivated you to abstain? "METH; I JUST SWITCHED"

2. Have you ever attempted to discontinue your use of drugs? ☒ Yes ☐ No If yes, how many times? "20 times; at least"
   What is the longest time you have abstained? 3 years What motivated you to abstain? "I HAD UA'S, PROBATION, MY DAUGHTER, A GOOD JOB, & I STARTED TO SUP BACK INTO IT"
   What Substances? METH

3. Did you resume using? ☒ Yes ☐ No If yes, what led you to resume use? "IDLE HANDS"
   How did it make you feel to resume using? "I WAS DISAPPOINTED IN MYSELF TO START OUT WITH"
   How long did your resumed use last? until arrested What Substance METH

4. Have you ever experienced cravings to use alcohol or drugs? ☒ Yes ☐ No Which? METH
   If yes, what are the thoughts or events that evoke cravings? "as soon as people bring it around me or the scenes around me; I'm all the way back in"

Risk Rating for Dimension 5 (from PPC-2R- Appendix A):

4b ☐ No skills to arrest the addictive disorder or prevent relapse to substance use. Continued uncontrolled substance use.
☐ Continued addictive behavior places the patient and/or others in imminent danger. Immediate intervention required.

4a ☐ Repeated treatment episodes have had little positive effect on the patients functioning as evidence by
☐ No skills to cope with and interrupt addiction problems or to prevent or limit relapse or continued use but is not in imminent danger and is able to care for self.

3 ☒ Little recognition and understanding of substance use relapse issues and has poor skills to cope with and interrupt addiction problems or to avoid or limit relapse or continued use as evidenced by HISTORY OF CONTINUED WITH MINIMAL ABSTINENCE

2 ☐ Impaired recognition and understanding of substance use relapse issues but is able to manage with prompting

1 ☐ Minimum relapse potential with some vulnerability. Fair self-management and relapse prevention skills

0 ☐ No potential for further substance use problems.
☐ Low relapse or continued use potential and good coping skills

Recommended ASAM Level of Care for Dimension 5: Relapse/Continued Use Potential:

☐ No Treatment Services Recommended
☐ Level 0.5 Early Intervention/Education-Alcohol and Other Drug Information School
☐ Level I.0 Outpatient
☐ Level II.1 Intensive Outpatient
☐ Level II.5 Partial Hospitalization/Day Treatment
☐ Level III.1 Recovery House-Clinically Managed Low-Intensity Residential Treatment
☒ Level III.3 Long Term Care-Clinically Managed Medium-Intensity Residential Treatment
☐ Level III.5 Intensive Inpatient-Clinically Managed High-Intensity Residential Treatment
☐ Level III.7 Intensive Inpatient-Medically Monitored Intensive Residential Treatment
☐ Level IV Medically Managed Intensive Inpatient Treatment

CDP Summary Interpreting Dimension 5 Data: (including strengths/needs) DO NOT LEAVE BLANK

HIGH RELAPSE RISK AS EVIDENCED BY: MULTIPLE ATTEMPTS TO STOP USE INCLUDING ONE TREATMENT EPISODE: LONG HISTORY OF USE WITH MINIMAL PERIODS OF COMPLETE ABSTINENCE IN THE COMMUNITY: USED ETOH TO MAIPULATE UA'S ON PROBATION: SUSCEPTIBLE TO RELAPSE CUES AND CRAVINGS

Service plan needs:
DEVELOP A RELAPSE PREVENTION/RECOVERY PLAN
IDENTIFY RELAPSE CUES.

Individual strengths:
WILLING TO LEARN ABOUT RISK AND APPLY STRATEGIES TO PREVENT RELAPSE:

no changes 02.11.15 Kgd

Patient Name: M. SCHLEY DOC #: 746992

DIMENSION 6: RECOVERY ENVIRONMENT

1. What jobs you have held in the last six months? "I WAS LAID OF"
   Primary Occupation: "MILLWRIGHT, CERTIFIED WELDER"
   Last full time employment: MILLWRIGHT @ NORTH AMERICAN PLASTICS

2. Which of the following employment problems have you experienced due to Alcohol/Drug use? What substance(s) DENIES
   ☐ Late for work ☐ Diminished productivity ☐ Absenteeism ☐ Quit ☐ Fired ☐ Used at work ☒ None

3. Do you currently identify with any organized religion? ☐ Yes ☒ No If yes, which: DENIES
   Were you raised in an organized religion? ☐ Yes ☒ No If yes, which: DENIES
   Do you consider yourself to be a spiritual person ☐ Yes ☒ No If yes, in what ways? DENIES

4. Do you identify yourself with any particular cultural, ethnic background or community? ☐ Yes ☒ No
   If yes, describe: DENIES

   Is there a particular form of support from this community you can use for your recovery? ☒ Yes ☐ No
   If yes, describe: (NOT CULTURAL) "MY AUNT, MY UNCLE, MY GIRL"

   Cultural considerations/barriers to treatment or recovery NONE

5. Are there any barriers to accessing treatment? ☐ Yes ☒ No If yes, explain: DENIES

6. Have you ever been involved with any self-help support group? ☒ Yes ☐ No If yes, ☒ Past ☐ Current
   Which one? NARCOTICS & ALOCOHOLICS ANONYMOUS When? 2007 Why? "I WAS DOING IOP & AFTER THAT I KEPT GOING FOR A WHILE"
   How do you feel about your involvement? "I LIKE IT; I THINK THAT IT'S AN EXCELLENT"
   Are you willing to attend self-help support groups now? ☒ Yes ☐ No If yes, which one? NARCOTICS & ALOCOHOLICS ANONYMOUS

7.

	Yes	No	PLEASE EXPLAIN (ELABORATE) WHY IT'S YES OR NO
Family history of chemical dependency	☒	☐	"MY SISTERS, MY DAD, MY MOM, ETC.-METH & ALCOHOL"
Family supportive of abstinence	☒	☐	"MY OTHER AUNT IS CLEAN & SOBER"
Friends supportive of abstinence	☒	☐	"I HAVE A FEW GOOD FRIENDS WHO ARE CLEAN & SOBER"
Spouse/Partner supportive of abstinence	☒	☐	"MY OLD LADY"
Living arrangements supportive	☐	☒	NO RELEASE ADDRESS
Funds for basic needs	☐	☒	NONE AVAILABLE
Employment opportunities	☐	☒	NONE AT THIS TIME
Safe environment in home/neighborhood	☒	☐	NO CONCERNS

8. Have there been periods when you needed to gamble with increasing amounts of money or with larger bets than before in order get the same excitement? ☐ Yes ☒ No
   If yes, explain: "I LIVE RIGHT NEXT TO THE CASINO AND HATE GAMBLING MY MONEY"

   Have you continued to gamble in spite of adverse consequences that have affected your finances, family, relationships, work, or other aspects of your life? ☐ Yes ☒ No If yes, explain: DENIES

   Have you ever lied to family members, friends, or others about how much you gamble? ☐ Yes ☒ No
   If yes, explain: DENIES

   Have there been periods lasting two weeks or longer when you spend a lot of time thinking about your gambling experiences or planning out future gambling adventures or bets? ☐ Yes ☒ No
   If yes, explain: DENIES

   Have you tried, but not succeeded in stopping, cutting down, or controlling your gambling? ☐ Yes ☒ No
   If yes, explain: DENIES

Rochanges-Rgd 03.11.15

Patient Name: M. SCHLEY DOC #: 746992

Risk Rating for Dimension 6 (from PPC-2R-Appendix A):

4b ☐ Environment is not supportive of addiction recovery, and is actively hostile to recovery posing an immediate threat to the safety and well-being. Immediate intervention required.

4a ☐ Environment is not supportive of addiction recovery, and is chronically hostile and toxic to recovery or treatment progress.

☐ Unable to cope with the negative effects of the living environment on recovery efforts as evidenced by

3 ☐ Environment is not supportive of addiction recovery, and the patient finds coping difficult, even with clinical structure

2 ☒ Environment is not supportive of addiction recovery, but with clinical structure, the patient is able to cope most of the time.

1 ☐ Has passive support in environment.

☐ Significant others are not interested in supporting addiction recovery but patient is not too distracted by this situation and is able to cope with the environment.

0 ☐ Has a supportive environment, or is able to cope with poor support.

Recommended ASAM Level of Care for Dimension 6 Recovery Environment:

☐ No Treatment Services Recommended

☐ Level 0.5 Early Intervention/Education-Alcohol and other Drug Information School

☐ Level I.0 Outpatient

☒ Level II.1 Intensive Outpatient

☐ Level II.5 Partial Hospitalization/Day Treatment

☐ Level III.1 Recovery House-Clinically Managed Low-Intensity Residential Treatment

☐ Level III.3 Long Term Care-Clinically Managed Medium-Intensity Residential Treatment

☐ Level III.5 Intensive Inpatient-Clinically Managed High-Intensity Residential Treatment

☐ Level III.7 Intensive Inpatient-Medically Monitored Intensive Residential Treatment

☐ Level IV Medically managed Intensive Inpatient Treatment

CDP Summary Interpreting Dimension 6 Data (including strengths/needs): DO NOT LEAVE BLANK

PRIOR EXPERIENCE WITH SELF-HELP PROGRAM – MODERATE ENGAGEMENT; FAMILY HISTORY OF SUBSTANCE ABUSE (ENVIRONMENTAL & BIOLOGICAL); MODERATE PEER SUPPORT; MODERATE WORK EXPERIENCE; SUSCEPTIBLE TO ENVIRONMENTAL RISKS E.G. PEOPLE & "THE SCENE"; LACKS RELEASE ADDRESS (HOME IS NOT IN COUNTY OF ORIGIN):

Service Plan Needs:

DEVELOP & ENGAGE IN PEER RECOVERY SUPPORT;
ESTABLISH A SAFE SUPPORTIVE RELEASE ADDRESS;
IDENTIFY ENVIRONMENTAL RISKS & FORMS OF SUPPORT;

Individual Strengths:

GED; SUPPORT FROM FIANCE' & SOME FAMILY SUPPORT; TRADE EXPERIENCE;

DIAGNOSTIC CRITERIA FOR SUBSTANCE USE DISORDER

P	S	T		DIAGNOSTIC CRITERIA
☐	☐	☐	1.	Substance is often taken in larger amounts or over a longer period than was intended
☒	☒	☐	2.	There is a persistent desire or unsuccessful efforts to cut down or control use
☒	☐	☐	3.	A great deal of time is spent in activities necessary to obtain, use, or recover from the substance's effects.
☒	☐	☐	4.	Craving, or a strong desire or urge to use the substance.
☒	☐	☐	5.	Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
☒	☐	☐	6	Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
☒	☐	☐	7.	Important social, occupational, or recreational activities are given up or reduced because of substance use
☒	☐	☐	8.	Recurrent substance use in situations in which it is physically hazardous.
☒	☒	☐	9.	Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused of exacerbated by the substance.
☒	☒	☐	10.	Tolerance, as defined by either of the following a. A need for markedly increased amounts of the substance in order to achieve intoxication or desired effect; b. A markedly diminished effect with continued use of the same amount.
☒	☐	☐	11.	Withdrawal, as manifested by either of the following (does not apply to Other Hallucinogen Use Disorder): a. The characteristic withdrawal symptoms for the substance. b. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.

No charges - Kgd 03.11.15

Patient Name: Schley, Matthew DOC #: 746992

C. DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS FIFTH ADDITION – DIAGNOSTIC CODES

Alcohol Use Disorder
- ☐ 305.00 Mild: Presence of 2-3 symptoms
- ☐ 303.90 Moderate: Presence of 4-5 symptoms
- ☐ 303.90 Severe: Presence of 6 or more symptoms

Phencyclidine Use Disorder
- ☐ 305.90 Mild: Presence of 2-3 symptoms
- ☐ 304.60 Moderate: Presence of 4-5 symptoms
- ☐ 304.60 Severe: Presence of 6 or more symptoms

Inhalant Use Disorder
- ☐ 305.90 Mild: Presence of 2-3 symptoms
- ☐ 304.60 Moderate: Presence of 4-5 symptoms
- ☐ 304.60 Severe: Presence of 6 or more symptoms

Stimulant Use Disorder

Mild: Presence of 2-3 symptoms
- ☐ 305.70 Amphetamine-type substance
- ☐ 305.60 Cocaine
- ☐ 305.70 Other or unspecified stimulant

Moderate: Presence of 4-5 symptoms
- ☐ 304.40 Amphetamine-type substance
- ☐ 304.20 Cocaine
- ☐ 304.40 Other or unspecified stimulant

Severe: Presence of 6 or more symptoms
- ☐ 304.40 Amphetamine-type substance
- ☐ 304.20 Cocaine
- ☐ 304.40 Other or unspecified stimulant

Cannabis Use Disorder
- ☐ 305.20 Mild: Presence of 2-3 symptoms
- ☐ 304.30 Moderate: Presence of 4-5 symptoms
- ☐ 304.30 Severe: Presence of 6 or more symptoms

Other Hallucinogen Use Disorder
- ☐ 305.30 Mild: Presence of 2-3 symptoms
- ☐ 304.50 Moderate: Presence of 4-5 symptoms
- ☐ 304.50 Severe: Presence of 6 or more symptoms

Opioid Use Disorder
- ☐ 305.50 Mild: Presence of 2-3 symptoms
- ☐ 304.00 Moderate: Presence of 4-5 symptoms
- ☐ 304.00 Severe: Presence of 6 or more symptoms

Sedative, Hypnotic, or Anxiolytic Use Disorder
- ☐ 305.40 Mild: Presence of 2-3 symptoms
- ☐ 304.10 Moderate: Presence of 4-5 symptoms
- ☐ 304.10 Severe: Presence of 6 or more symptoms

Tobacco Use Disorder
- ☐ 305.1 Mild: Presence of 2-3 symptoms
- ☐ 305.1 Moderate: Presence of 4-5 symptoms
- ☐ 305.1 Severe: Presence of 6 or more symptoms

Treatment Recommendations using ASAM PPC Levels of Care

The patient meets the following level of care admission criteria:

Dimension 1: Level 0 Dimension 3: Level 2 Dimension 5: Level 3

Dimension 2: Level 0 Dimension 4: Level 2 Dimension 6: Level 2

Overall Level: As evidence by Relapse risk – environment

1. Also recommended:
☐ Domestic Violence Perpetrator Program ☐ Anger Mgmt ☐ Vocational Rehabilitation ☐ GED ☑ Mental Health Counseling
☐ Literacy/Tutoring Program ☑ Self-Help Support Groups ☐ Other

2. Was the patient informed of the diagnosis and assessment results? ☑ Yes ☐ No
If no, why not?

3. Does the patient need detox prior to treatment? ☐ Yes ☑ No

4. Does the patient need part-time or around-the-clock childcare in order to access treatment? ☐ Yes ☑ No

5. Does the patient need help accessing/selecting the childcare? ☐ Yes ☑ No

6. HIV/AIDS Brief Risk Intervention conducted? ☑ Yes ☐ No

Counselor Must Initial and Date to Indicate Compliance Counselors Initials [illegible] Date 11/4/2014

I was informed of the results of this assessment and recommendations, and that an OVERRIDE may occur due to limited resources, custody levels, treatment capacity, length of total confinements, and/or treatment needs. I have also been informed that it is the policy of the Department of Corrections Substance Use Recovery Program that no person shall be subjected to discrimination because of race, color, national origin, sex, religion, creed, or marital status, or status as a state registered domestic partners, sexual preference, HIV/AIDS status, disabled veteran, Vietnam Era veteran status or the presences of any physical, mental, or sensory disability, or place of residence.

Individual Signature [signature] Date

Counselor Signature [signature] Date 11/4/2014

No changes - Rgd 02.11.15

Patient Name: Valley, Matthew DOC #: 746992

OVERRIDE (To be completed by the treating facility ONLY)

☐ Conditions exist (e.g., legal mandates, logistical barriers, lack of available services, etc.) that will override the recommended level of care that was provided to the patient/offender at the time of his/her most recent chemical dependency assessment.

Explain: _____

UPDATED Recommended Level of Care: Level _____

I was informed of the results of this assessment and recommendations.

Patient/Offender Signature _____ Date _____

Counselor Signature _____ Date _____

ASSESSMENT UPDATE PROCEDURE

When admitting a patient to any level of care, if significant events have occurred that may alter the initial assessment outcome and patient placement, an assessment update must occur. CDP will use the existing DOC 14-040 Chemical Dependency Dimensional Analysis Assessment and note updated or changed patient information in red ink in the margin of the document. Any changes made by the CDP will be dated and authenticated with CDP initials. A summary of these updates is to be documented in the patient record.

ASSESSMENT UPDATE

I was informed of the results of this assessment and recommendations. I have also been informed that it is the policy of Department of Corrections – Chemical Dependency Program that no person shall be subjected to discrimination because of race, color, national origin, sex, age, religion, creed, marital status or status as a state registered domestic partner, sexual preference, HIV/AIDS status, disabled veteran status, Vietnam Era veteran status, or the presence of any physical, mental, or sensory disability, or place of residence.

Recommended Level of Care III.3

M Scott — Patient/Offender Signature — Date 01-2-2015

Graham-Ulmer CDP — Counselor Signature — Date 01.01.2015

ASSESSMENT UPDATE for DUI Offenders Only

WAC 388-877B-0550

The Department of Corrections CD program will conduct DUI assessments only for patient/offenders who have been convicted of DUI, Physical Control, Vehicular Assault, or Vehicular Homicide and are currently under the supervision of the Department of Corrections and currently admitted to a DOC chemical dependency treatment program in the community or Work Release.

If the original assessment was conducted within the past 6 months and there is documentation confirming sustained sobriety, the CDP may update the assessment by documenting the following;

a. Blood alcohol level at time of arrest _____

b. Clinical interpretive statement of the patient's Blood level and other drug levels at the time of arrest

_____

c. Clinical interpretive statement about the patient's self-reported driving record and the abstract of the patient's legal driving record:

_____

I was informed of the results of this assessment and recommendations. I have also been informed that it is the policy of Department of Corrections – Chemical Dependency Program that no person shall be subjected to discrimination because of race, color, national origin, sex, age, religion, creed, marital status or status as a state registered domestic partner, sexual preference, HIV/AIDS status, disabled veteran status, Vietnam Era veteran status, or the presence of any physical, mental, or sensory disability, or place of residence

Recommended Level of Care _____

Patient/Offender Signature _____ Date _____

Counselor Signature _____ Date _____

The records contained herein are protected by 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 CFR Part 2.

SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

State of Washington, #3 Plaintiff, vs. MATTHEW RAYDOUGLAS SCHLEY Defendant.	No. 13-1-15302-1 KNT FELONY WARRANT OF COMMITMENT 1: (X) DEPARTMENT OF CORRECTIONS

THE STATE OF WASHINGTON TO THE DIRECTOR OF ADULT DETENTION OF KING COUNTY

WHEREAS, Judgment has been pronounced against the defendant in the Superior Court of the State of Washington for the County of King, that the defendant be punished as specified in the Judgment and Sentence, a full true and correct copy of which is attached hereto.

(X) 1. YOU, THE DIRECTOR, ARE COMMANDED to take and deliver the defendant to the proper officers of the Department of Corrections; and

YOU, THE PROPER OFFICERS OF THE DEPARTMENT OF CORRECTIONS, ARE COMMANDED to receive the defendant for classification, confinement and placement as ordered in the Judgment and Sentence. (Sentence of confinement in Department of Corrections custody.)

YOU, THE DIRECTOR, ARE COMMANDED to take and deliver the defendant to the proper officers of the State pending delivery to the proper officers of the Department of Social and Health Services.

YOU, THE PROPER OFFICERS OF THE SECRETARY OF THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES, ARE COMMANDED to receive the defendant for evaluation as ordered in the Judgment and Sentence.

Dated: *October 13, 2014*

DOC 746992
JAIL LOCATION RJ-02PL
BA# 214006379
CCN# 1654508
SID# WA 15150497
DOB 9/30/75

By direction of the Honorable

Bill A. Bowman
Judge

BARBARA MINER, Clerk
By: O. Arceo,
Deputy Clerk

SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

State of Washington, 15 Plaintiff,	No. 14-C-01874-2 KNT
vs.	
MATTHEW RAYDOUGLAS SCHLEY Defendant.	FELONY WARRANT OF COMMITMENT 1. (X) DEPARTMENT OF CORRECTIONS

THE STATE OF WASHINGTON TO THE DIRECTOR OF ADULT DETENTION OF KING COUNTY

WHEREAS, Judgment has been pronounced against the defendant in the Superior Court of the State of Washington for the County of King, that the defendant be punished as specified in the Judgment and Sentence, a full true and correct copy of which is attached hereto.

(X) 1. YOU, THE DIRECTOR, ARE COMMANDED to take and deliver the defendant to the proper officers of the Department of Corrections; and

YOU, THE PROPER OFFICERS OF THE DEPARTMENT OF CORRECTIONS, ARE COMMANDED to receive the defendant for classification, confinement and placement as ordered in the Judgment and Sentence. (Sentence of confinement in Department of Corrections custody.)

YOU, THE DIRECTOR, ARE COMMANDED to take and deliver the defendant to the proper officers of the State pending delivery to the proper officers of the Department of Social and Health Services.

YOU, THE PROPER OFFICERS OF THE SECRETARY OF THE DEPARTMENT OF SOCIAL AND HEALTH SERVICES, ARE COMMANDED to receive the defendant for evaluation as ordered in the Judgment and Sentence.

By direction of the Honorable

Dated: *October 13, 2014*

Bill A. Bowman
Judge

DOC 746992
JAIL LOCATION RJ-029L
BA# 214006379
CCN# 1654508
SID# WA15150497
DOB 9/20/75

Theft 1
25mo

BARBARA MINER, Clerk
By
O. Arceo,
Deputy Clerk

FILED
KING COUNTY, WASHINGTON

OCT 10 2014

SUPERIOR COURT CLERK
BY Karla Gabrielson
DEPUTY

DOC

COMMITMENT ISSUED OCT 13 2014

SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON, Plaintiff, vs. MATTHEW RAYDOUGLAS SCHLEY, Defendant.	)	No. 13-1-15302-1 KNT **JUDGMENT AND SENTENCE FELONY (FJS)**

746992
10.14.14
(A)

I. HEARING

I.1 The defendant, the defendant's lawyer, Teri R. Kemp, and the deputy prosecuting attorney were present at the sentencing hearing conducted today. Others present were: DONALD SCHLEY, ARIEL DRAEGER

II. FINDINGS

There being no reason why judgment should not be pronounced, the court finds:
2.1 **CURRENT OFFENSE(S):** The defendant was found guilty on 09/12/2014 by Plea of:

Count No.: I Crime: Burglary In The Second Degree
RCW: 9A.52.030 Crime Code: 02316
Date of Crime: 08/08/2013 through 08/09/2013

☐ Additional current offenses are attached in Appendix A

SPECIAL VERDICT or FINDING(S):

(a) ☐ While armed with a **firearm** in count(s) _____ RCW 9.94A.533(3).
(b) ☐ While armed with a **deadly weapon** other than a firearm in count(s)_____ RCW 9.94A.533(4).
(c) ☐ With a **sexual motivation** in count(s) _____ RCW 9.94A.835.
(d) ☐ A V.U.C.S.A offense committed in a **protected zone** in count(s) _____ RCW 69.50.435.
(e) ☐ **Vehicular homicide** ☐ Violent traffic offense ☐ DUI ☐ Reckless ☐ Disregard.
(f) ☐ **Vehicular homicide** by DUI with _____ prior conviction(s) for offense(s) defined in RCW 46.61.5055, RCW 9.94A.533(7).
(g) ☐ **Non-parental kidnapping** or unlawful imprisonment with a minor victim. RCW 9A.44.128, .130.
(h) ☐ **Domestic violence** as defined in RCW 10.99.020 was pled and proved for count(s)_____.
(i) ☐ Current offenses **encompassing the same criminal conduct** in this cause are count(s)_____ RCW 9.94A.589(1)(a).
(j) ☐ **Aggravating circumstances** as to count(s) _____: _____

2.2 **OTHER CURRENT CONVICTION(S)**: Other current convictions listed under different cause numbers used in calculating the offender score are (list offense and cause number): _____

2.3 **CRIMINAL HISTORY**: Prior convictions constituting criminal history for purposes of calculating the offender score are (RCW 9.94A.525):

☒ Criminal history is attached in **Appendix B.**
☐ One point added for offense(s) committed while under community placement for count(s) _____

2.4 **SENTENCING DATA:**

Sentencing Data	Offender Score	Seriousness Level	Standard Range	Enhancement	Total Standard Range	Maximum Term
Count I	14	III			51 to 68 months	10 yrs. and/or $20,000

☐ Additional current offense sentencing data is attached in **Appendix C.**

2.5 **EXCEPTIONAL SENTENCE**

☐ Findings of Fact and Conclusions of Law as to sentence above the standard range:

Finding of Fact: The jury found or the defendant stipulated to aggravating circumstances as to Count(s) _____.

Conclusion of Law: These aggravating circumstances constitute substantial and compelling reasons that justify a sentence above the standard range for Count(s) _____. ☐ The court would impose the same sentence on the basis of any one of the aggravating circumstances.

☐ An exceptional sentence above the standard range is imposed pursuant to RCW 9.94A.535(2) (including free crimes or the stipulation of the defendant). Findings of Fact and Conclusions of Law are attached in Appendix D.

☐ An exceptional sentence below the standard range is imposed. Findings of Fact and Conclusions of Law are attached in Appendix D.

The State ☐ did ☐ did not recommend a similar sentence (RCW 9.94A.480(4)).

III. JUDGMENT

IT IS ADJUDGED that defendant is guilty of the current offenses set forth in Section 2.1 above and **Appendix A.**
☐ The Court DISMISSES Count(s) _____.

IV. ORDER

IT IS ORDERED that the defendant serve the determinate sentence and abide by the other terms set forth below.

[ ] This offense is a felony firearm offense (defined in RCW 9.41.010). Having considered relevant factors, including criminal history, propensity for violence endangering persons, and any prior NGI findings, the Court requires that the defendant register as a firearm offender, in compliance with 2013 Laws, Chapter 183, section 4. The details of the registration requirements are included in the attached **Appendix L**.

4.1 **RESTITUTION, VICTIM ASSESSMENT, AND DNA FEE:**

☐ Defendant shall pay restitution to the Clerk of this Court as set forth in attached **Appendix E**.

☐ Defendant shall not pay restitution because the Court finds that extraordinary circumstances exist, and the court, pursuant to RCW 9.94A.753(5), sets forth those circumstances in attached Appendix E.

☒ Restitution to be determined at future restitution hearing on (Date) _____ at _____ m.

☒ Date to be set.

☒ Defendant waives right to be present at future restitution hearing(s).

☐ Restitution is not ordered.

Defendant shall pay Victim Penalty Assessment in the amount of **$500** (RCW 7.68.035 - mandatory).
Defendant shall pay DNA collection fee in the amount of **$100** (RCW 43.43.7541 - mandatory).

4.2 **OTHER FINANCIAL OBLIGATIONS:** Having considered the defendant's present and likely future financial resources, the Court concludes that the defendant has the present or likely future ability to pay the financial obligations imposed. The Court waives financial obligation(s) that are checked below because the defendant lacks the present and future ability to pay them. Defendant shall pay the following to the Clerk of this Court:

(a) ☐ $_____, Court costs (RCW 9.94A.030, RCW 10.01.160); ☒ Court costs are waived;

(b) ☐ $_____, Recoupment for attorney's fees to King County Public Defense Programs (RCW 9.94A.030); ☒ Recoupment is waived;

(c) ☐ $_____, Fine ; ☐ $1,000, Fine for VUCSA ☐ $2,000, Fine for subsequent VUCSA (RCW 69.50.430); ☒ VUCSA fine waived;

(d) ☐ $_____, King County Interlocal Drug Fund (RCW 9.94A.030); ☒ Drug Fund payment is waived;

(e) ☐ $_____, $100 State Crime Laboratory Fee (RCW 43.43.690); ☒ Laboratory fee waived;

(f) ☐ $_____, Incarceration costs (RCW 9.94A.760(2)); ☒ Incarceration costs waived;

(g) ☐ $_____, Other costs for: _____

4.3 **PAYMENT SCHEDULE:** The **TOTAL FINANCIAL OBLIGATION** set in this order is $ 100
Restitution may be added in the future. The payments shall be made to the King County Superior Court Clerk according to the rules of the Clerk and the following terms: ☐ Not less than $_____ per month;
☒ On a schedule established by the defendant's Community Corrections Officer or Department of Judicial Administration (DJA) Collections Officer. Financial obligations shall bear interest pursuant to RCW 10.82.090. **The Defendant shall remain under the Court's jurisdiction to assure payment of financial obligations: for crimes committed before 7/1/2000, for up to ten years from the date of sentence or release from total confinement, whichever is later; for crimes committed on or after 7/1/2000, until the obligation is completely satisfied.** Pursuant to RCW 9.94A.7602, if the defendant is more than 30 days past due in payments, a notice of payroll deduction may be issued without further notice to the offender. Pursuant to RCW 9.94A.760(7)(b), the defendant shall report as directed by DJA and provide financial information as requested.
☒ Court Clerk's trust fees are waived. ☒ Interest is waived except with respect to restitution.

4.4 (a) **PRISON-BASED** SPECIAL DRUG OFFENDER SENTENCING ALTERNATIVE (DOSA)(for sentences imposed after 10-1-05) : The Court finds the defendant eligible pursuant to RCW 9.94A.660 and, having reviewed an examination report and concluded that a DOSA sentence is appropriate, waives imposition of sentence within the standard range and sentences the defendant as follows:

The defendant is sentenced to the following term(s) of confinement in the custody of the Dept. of Corrections (DOC) to commence ☒ immediately; ☐ by _____ at _____ a.m./p.m.:

29.75 months (if crime after 6/6/06, 12 month minimum) on Count No. 2;

_____ months (if crime after 6/6/06, 12 month minimum) on Count No. _____;

_____ months (if crime after 6/6/06, 12 month minimum) on Count No. _____;

The above term(s) of confinement represents one-half of the midpoint of the standard range or, if the crime occurred after 6-6-06, twelve months if that is greater than one-half of the midpoint.

The terms imposed herein shall be served concurrently.
The term(s) imposed herein shall run ☐ CONSECUTIVE ☒ CONCURRENT to cause No(s) 14-C-01874-2 KNT

The term(s) imposed herein shall run ☐ CONSECUTIVE ☐ CONCURRENT to any previously imposed commitment not referred to in this judgment.

Credit is given for time served in King County Jail or EHD solely for confinement under this cause number pursuant to RCW 9.94A.505(6): ☐ _____ day(s) or ☒ days determined by the King County Jail.
☐ Credit is given for days determined by the King County Jail to have been served in the King County Supervised Community Option (Enhanced CCAP) solely under this cause number.
☐ The court authorizes earned early release credit consistent with the local correctional facility standards for days spent in the King County Supervised Community Option (Enhanced CCAP).
☐ Jail term is satisfied; defendant shall be released under this cause.

While incarcerated in the Department of Corrections the defendant shall undergo a comprehensive substance abuse assessment and receive, within available resources, appropriate treatment services.

COMMUNITY CUSTODY: The court further imposes 29.75 months, one-half of the midpoint of the standard range, as a term of community custody during which time the defendant shall comply with the instructions, rules and regulations promulgated by the Department for conduct of the defendant during community custody; shall perform affirmative acts necessary to monitor compliance, shall obey all laws and comply with the following mandatory statutory requirements:

(1) The defendant shall undergo and successfully complete a substance abuse program approved by the Division of Alcohol and Substance Abuse of the Dept. of Social and Health Services;
(2) The defendant shall not use illegal controlled substances and shall submit to urinalysis or other testing to monitor compliance.

NON-COMPLIANCE. RCW 9.94A.660(5): If the defendant fails to complete the Department's special drug offender sentencing alternative program or is administratively terminated from the program, he/she shall be reclassified by the Department to serve the balance of the unexpired term of sentence. If the defendant fails to comply with the conditions of supervision as defined by the Department, he/she shall be sanctioned. Sanctions may include reclassification by the Department to serve the balance of the unexpired term of sentence.

The court further imposes an additional term of Community Custody of 12 months upon failure to complete or administrative termination from DOSA program if any of these offenses is a crime against a person (RCW 9.94A.411) or a felony violation of RCW 69.50/52. The defendant in this event shall comply with the conditions of Community Custody set forth in section 4.7 herein.

4.4 (b) **RESIDENTIAL TREATMENT-BASED SPECIAL DRUG OFFENDER SENTENCING ALTERNATIVE (DOSA)(for sentences imposed after 10-1-05) (available if the midpoint of the standard range is 24 months or less):** The Court finds the defendant eligible pursuant to RCW 9.94A.660 and, having reviewed an examination report and concluded that a DOSA sentence is appropriate, waives imposition of sentence within the standard range and sentences the defendant on Count(s) _____ as follows:

The defendant shall serve 24 months in community custody under the supervision of the DOC, on the condition that the defendant enters and remains in residential chemical dependency treatment certified under RCW Ch. 70.96 for _____ (between 3 and 6) months. The DOC shall make chemical dependency assessment and treatment services available during the term of community custody, within available resources.

Pending DOC placement in residential chemical dependency treatment, the defendant is ordered to attend a DOC day reporting center and follow all applicable rules. The defendant shall report to DOC to begin the DOC day reporting program within 24 hours of release.

The defendant shall comply with the treatment and other conditions proposed in the examination report, as mandated by RCW 9.94A.665(2)(a). Frequency and length of treatment and monitoring plan are specified in the **EXAMINATION REPORT ATTACHED AS APPENDIX 1.**

A progress hearing is set in this court, during the residential treatment, for _____ (90 days from sentencing date). Additional progress hearings may be set.

A treatment termination hearing is set in this court three months before the expiration of the community custody term, for _____ (date).

Before the progress hearing and the treatment termination hearing, the treatment provider and the DOC shall submit written reports to the court and parties regarding the defendant's compliance with treatment and monitoring requirements, including recommendations regarding termination from treatment.

NON-COMPLIANCE. RCW 9.94A.665(4): At the progress hearing or treatment termination hearing, the court may modify the conditions of community custody, authorize termination of community custody status on expiration of the community custody term, or impose a term of total confinement equal to one-half the midpoint of the standard range, along with a term of community custody.

4.5 **ADDITIONAL COMMUNITY CUSTODY CONDITIONS OF DOSA SENTENCE:** The court further imposes the following non-mandatory conditions of Community Custody (if checked):

☒ The defendant shall not use illegal controlled substances and shall submit to urinalysis or other testing to monitor compliance.
☒ The defendant shall not use any alcohol or controlled substances without prescription and shall undergo testing to monitor compliance.
☐ Devote time to a specific employment or training.
☐ Remain within prescribed geographical boundaries and notify the court or the community corrections officer of any change in the offender's address or employment.
☒ Report as directed to a community corrections officer.
☒ Pay all court ordered legal financial obligations.
☐ Perform _____ community restitution hours on a schedule set by DOC.
☐ Stay out of designated areas as follows: _____

☐ Other conditions as set forth in **APPENDIX F.**

4.6 **ADDITIONAL CONFINEMENT:** The court may order the defendant to serve a term of total confinement within the standard range at any time during the period of community custody if the defendant violates the conditions of sentence or if the defendant is failing to make satisfactory progress in treatment.

4.7 **CONDITIONS OF COMMUNITY CUSTODY IMPOSED AFTER TERMINATION OF DOSA:**

☒ The defendant shall not use illegal controlled substances and shall submit to urinalysis or other testing to monitor compliance.

☒ The defendant shall not use any alcohol or controlled substances without prescription and shall undergo testing to monitor compliance.

☐ Remain within prescribed geographical boundaries and notify the court or the community corrections officer of any change in the offender's address or employment.

☒ Report as directed to a community corrections officer.

☒ Pay all court ordered legal financial obligations.

☐ Stay out of designated areas as follows: _____

☐ Other conditions: _____

4.8 **DNA TESTING.** The defendant shall have a biological sample collected for purposes of DNA identification analysis and the defendant shall fully cooperate in the testing, as ordered in **APPENDIX G.**

☐ **HIV TESTING:** For sex offense, prostitution offense, drug offense associated with the use of hypodermic needles, the defendant shall submit to HIV testing as ordered in **APPENDIX G.**

4.9 ☐ **OFF-LIMITS ORDER:** The defendant, having been found to be a known drug trafficker, shall neither enter nor remain in the protected against drug trafficking area(s) as described in **APPENDIX I** during the term of community supervision. **APPENDIX I** is attached and incorporated by reference into this Judgment and Sentence.

5.0 ☒ **NO CONTACT:** For the maximum term of 10 years, defendant shall have no contact with PUBLIC STORAGE (1801 R STREET SE, AUBURN)

Date: 10.10.14

JUDGE
Print Name: _____

Presented by:

35411
Deputy Prosecuting Attorney, WSBA#
Print Name: _____

Approved as to form:

Attorney for Defendant, WSBA# 24701
Print Name: _____

10/10/2014

FINGER PRINTS

RIGHT HAND
FINGERPRINTS OF:
MATTHEW RAYDOUGLAS
SCHLEY

DEFENDANT'S SIGNATURE: M Schley
DEFENDANT'S ADDRESS: DOC

Dated: 10/10/14

ATTESTED BY: BARBARA MINER,
SUPERIOR COURT CLERK

By: Karla Gabuelson

JUDGE

DEPUTY CLERK

CERTIFICATE

I, _____
CLERK OF THIS COURT, CERITIFY THAT THE ABOVE IS A TRUE COPY OF THE JUDGMENT AND SENTENCE IN THIS ACTION ON RECORD IN MY OFFICE.
DATED: _____

_____
CLERK

By: _____
DEPUTY CLERK

OFFENDER IDENTIFICATION

S.I.D. NO. WA15150497

DOB: 09/30/1975

SEX: Male

RACE: White/Caucasian

SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON, Plaintiff, vs. MATTHEW RAYDOUGLAS SCHLEY, Defendant.	)	No. 13-1-15302-1 KNT JUDGMENT AND SENTENCE, (FELONY) - APPENDIX B, CRIMINAL HISTORY

2.2 The defendant has the following criminal history used in calculating the offender score (RCW 9.94A.525):

Crime	Sentencing Date	Adult or Juv. Crime	Cause Number	Location
Felon In Possession Of Firearm And Ammunition	12-17-2002	AF	01-cr-02093	U.S. District Court Spokane WA
Cont Subst Viol - Section (A)	02-20-2002	AF	01-1-00148-4	Kittitas Superior Court WA
cont subst viol - section (d)	12-30-1999	AF	99-1-00899-0	Lewis Superior Court WA
explosive lic required	12-30-1999	AF	99-1-00899-0	Lewis Superior Court WA
cont subst viol - section (d)	06-28-1999	AF	99-1-00396-3	Lewis Superior Court WA
cont subst vio a: mfg/delvr/p	08-01-1997	AF	97-1-04072-4	King Superior Court WA
burglary 2nd degree	02-09-1996	AF	95-1-00779-8	King Superior Court WA
burg 2	09-22-1993	JF	93-8-02375-0	King Superior Court WA
burg 2	11-09-1990	JF	90-8-00162-3	Mason Superior Court WA
cont subst viol	08-30-1990	JF	90-8-00115-1	Mason Superior Court WA
burg 2	09-22-1989	JF	89-8-00106-9	Mason Superior Court WA
burg 2	09-22-1989	JF	89-8-00106-9	Mason Superior Court WA.
burg 2	09-22-1989	JF	89-8-00106-9	Mason Superior Court WA

[ ] The following prior convictions were counted as one offense in determining the offender score (RCW 9.94A.525(5)):

Date: 1-10-14

JUDGE, KING COUNTY SUPERIOR COURT

SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON, Plaintiff, vs. MATTHEW RAYDOUGLAS SCHLEY, Defendant.	)	No. 13-1-15302-1 KNT APPENDIX G ORDER FOR BIOLOGICAL TESTING AND COUNSELING

(1) **DNA IDENTIFICATION (RCW 43.43.754):**

The Court orders the defendant to cooperate with the King County Department of Adult Detention, King County Sheriff's Office, and/or the State Department of Corrections in providing a biological sample for DNA identification analysis. The defendant, if out of custody, shall promptly call the King County Jail at 296-1226 between 8:00 a.m. and 1:00 p.m., to make arrangements for the test to be conducted within 15 days.

(2) ☐ **HIV TESTING AND COUNSELING (RCW 70.24.340):**

(Required for defendant convicted of sexual offense, drug offense associated with the use of hypodermic needles, or prostitution related offense.)

The Court orders the defendant contact the Seattle-King County Health Department and participate in human immunodeficiency virus (HIV) testing and counseling in accordance with Chapter 70.24 RCW. The defendant, if out of custody, shall promptly call Seattle-King County Health Department at 205-7837 to make arrangements for the test to be conducted within 30 days.

If (2) is checked, two independent biological samples shall be taken.

Date: 10·10·14

JUDGE, King County Superior Court

DOC
COMMITMENT ISSUED OCT 13 2014

FILED
KING COUNTY, WASHINGTON

OCT 10 2014

SUPERIOR COURT CLERK
BY Karla Gabrielson
DEPUTY

SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON, Plaintiff, vs. MATTHEW RAYDOUGLAS SCHLEY, Defendant.	)	No. 14-C-01874-2 KNT **JUDGMENT AND SENTENCE FELONY (FJS)**

746992
10.14.14
(B)

I. HEARING

I.1 The defendant, the defendant's lawyer, Teri R. Kemp, and the deputy prosecuting attorney were present at the sentencing hearing conducted today. Others present were: ARIEL VERGEGE, DOUGLAS SCHLEY

II. FINDINGS

There being no reason why judgment should not be pronounced, the court finds:
2.1 **CURRENT OFFENSE(S):** The defendant was found guilty on 09/16/2014 by Plea of:

Count No.: I Crime: Theft In The First Degree
RCW: 9A.56.030(1)(b) and 9A.56.020(1)(a) Crime Code: 02518
Date of Crime: 03/03/2014 through 03/04/2014

☐ Additional current offenses are attached in Appendix A

SPECIAL VERDICT or FINDING(S):

(a) ☐ While armed with a firearm in count(s) _____ RCW 9.94A.533(3).
(b) ☐ While armed with a deadly weapon other than a firearm in count(s)_____ RCW 9.94A.533(4).
(c) ☐ With a sexual motivation in count(s) _____ RCW 9.94A.835.
(d) ☐ A V.U.C.S.A offense committed in a protected zone in count(s) _____ RCW 69.50.435.
(e) ☐ Vehicular homicide ☐ Violent traffic offense ☐ DUI ☐ Reckless ☐ Disregard.
(f) ☐ Vehicular homicide by DUI with _____ prior conviction(s) for offense(s) defined in RCW 46.61.5055, RCW 9.94A.533(7).
(g) ☐ Non-parental kidnapping or unlawful imprisonment with a minor victim. RCW 9A.44.128, .130.
(h) ☐ Domestic violence as defined in RCW 10.99.020 was pled and proved for count(s)_____.
(i) ☐ Current offenses encompassing the same criminal conduct in this cause are count(s)_____ RCW 9.94A.589(1)(a).
(j) ☐ Aggravating circumstances as to count(s) _____: _____

2.2 OTHER CURRENT CONVICTION(S): Other current convictions listed under different cause numbers used in calculating the offender score are (list offense and cause number): _____

2.3 CRIMINAL HISTORY: Prior convictions constituting criminal history for purposes of calculating the offender score are (RCW 9.94A.525):

☒ Criminal history is attached in Appendix B.
☐ One point added for offense(s) committed while under community placement for count(s) _____

2.4 SENTENCING DATA:

Sentencing Data	Offender Score	Seriousness Level	Standard Range	Enhancement	Total Standard Range	Maximum Term
Count I	11	II			43 to 57 months	10 yrs. and/or $20,000

☐ Additional current offense sentencing data is attached in Appendix C.

2.5 EXCEPTIONAL SENTENCE

☐ Findings of Fact and Conclusions of Law as to sentence above the standard range:

Finding of Fact: The jury found or the defendant stipulated to aggravating circumstances as to Count(s) _____.

Conclusion of Law: These aggravating circumstances constitute substantial and compelling reasons that justify a sentence above the standard range for Count(s) _____. ☐ The court would impose the same sentence on the basis of any one of the aggravating circumstances.

☐ An exceptional sentence above the standard range is imposed pursuant to RCW 9.94A.535(2) (including free crimes or the stipulation of the defendant). Findings of Fact and Conclusions of Law are attached in Appendix D.

☐ An exceptional sentence below the standard range is imposed. Findings of Fact and Conclusions of Law are attached in Appendix D.

The State ☐ did ☐ did not recommend a similar sentence (RCW 9.94A.480(4)).

III. JUDGMENT

IT IS ADJUDGED that defendant is guilty of the current offenses set forth in Section 2.1 above and Appendix A.
☐ The Court DISMISSES Count(s) _____.

IV. ORDER

IT IS ORDERED that the defendant serve the determinate sentence and abide by the other terms set forth below.

[ ] This offense is a felony firearm offense (defined in RCW 9.41.010). Having considered relevant factors, including criminal history, propensity for violence endangering persons, and any prior NGI findings, the Court requires that the defendant register as a firearm offender, in compliance with 2013 Laws, Chapter 183, section 4. The details of the registration requirements are included in the attached **Appendix L**.

4.1 **RESTITUTION, VICTIM ASSESSMENT, AND DNA FEE:**

☐ Defendant shall pay restitution to the Clerk of this Court as set forth in attached **Appendix E**.

☐ Defendant shall not pay restitution because the Court finds that extraordinary circumstances exist, and the court, pursuant to RCW 9.94A.753(5), sets forth those circumstances in attached Appendix E.

☒ Restitution to be determined at future restitution hearing on (Date) _____ at _____ m.

☒ Date to be set.

☒ Defendant waives right to be present at future restitution hearing(s).

☐ Restitution is not ordered.

Defendant shall pay Victim Penalty Assessment in the amount of **$500** (RCW 7.68.035 - mandatory).
Defendant shall pay DNA collection fee in the amount of **$100** (RCW 43.43.7541 - mandatory).

4.2 **OTHER FINANCIAL OBLIGATIONS**: Having considered the defendant's present and likely future financial resources, the Court concludes that the defendant has the present or likely future ability to pay the financial obligations imposed. The Court waives financial obligation(s) that are checked below because the defendant lacks the present and future ability to pay them. Defendant shall pay the following to the Clerk of this Court:

(a) ☐ $_____, Court costs (RCW 9.94A.030, RCW 10.01.160); ☒ Court costs are waived;

(b) ☐ $_____, Recoupment for attorney's fees to King County Public Defense Programs (RCW 9.94A.030); ☒ Recoupment is waived;

(c) ☐ $_____, Fine ; ☐ $1,000, Fine for VUCSA ☐ $2,000, Fine for subsequent VUCSA (RCW 69.50.430); ☒ VUCSA fine waived;

(d) ☐ $_____, King County Interlocal Drug Fund (RCW 9.94A.030); ☒ Drug Fund payment is waived;

(e) ☐ $_____, $100 State Crime Laboratory Fee (RCW 43.43.690); ☒ Laboratory fee waived;

(f) ☐ $_____, Incarceration costs (RCW 9.94A.760(2)); ☒ Incarceration costs waived;

(g) ☐ $_____, Other costs for: _____.

4.3 **PAYMENT SCHEDULE:** The **TOTAL FINANCIAL OBLIGATION** set in this order is $ 600. Restitution may be added in the future. The payments shall be made to the King County Superior Court Clerk according to the rules of the Clerk and the following terms: ☐ Not less than $_____ per month; ☒ On a schedule established by the defendant's Community Corrections Officer or Department of Judicial Administration (DJA) Collections Officer. Financial obligations shall bear interest pursuant to RCW 10.82.090. **The Defendant shall remain under the Court's jurisdiction to assure payment of financial obligations: for crimes committed before 7/1/2000, for up to ten years from the date of sentence or release from total confinement, whichever is later; for crimes committed on or after 7/1/2000, until the obligation is completely satisfied.** Pursuant to RCW 9.94A.7602, if the defendant is more than 30 days past due in payments, a notice of payroll deduction may be issued without further notice to the offender. Pursuant to RCW 9.94A.760(7)(b), the defendant shall report as directed by DJA and provide financial information as requested.

☒ Court Clerk's trust fees are waived. ☒ Interest is waived except with respect to restitution.

4.4 (a) **PRISON-BASED** SPECIAL DRUG OFFENDER SENTENCING ALTERNATIVE (DOSA)(for sentences imposed after 10-1-05) : The Court finds the defendant eligible pursuant to RCW 9.94A.660 and, having reviewed an examination report and concluded that a DOSA sentence is appropriate, waives imposition of sentence within the standard range and sentences the defendant as follows:

The defendant is sentenced to the following term(s) of confinement in the custody of the Dept. of Corrections (DOC) to commence ☒ immediately; ☐ by _____ at _____ a.m./p.m.:

25 months (if crime after 6/6/06, 12 month minimum) on Count No. 2;

_____ months (if crime after 6/6/06, 12 month minimum) on Count No. _____;

_____ months (if crime after 6/6/06, 12 month minimum) on Count No. _____;

The above term(s) of confinement represents one-half of the midpoint of the standard range or, if the crime occurred after 6-6-06, twelve months if that is greater than one-half of the midpoint.

The terms imposed herein shall be served concurrently.
The term(s) imposed herein shall run ☐ CONSECUTIVE ☒ CONCURRENT to cause No(s) 13-1-16302-1 KNT

The term(s) imposed herein shall run ☐ CONSECUTIVE ☐ CONCURRENT to any previously imposed commitment not referred to in this judgment.

Credit is given for time served in King County Jail or EHD solely for confinement under this cause number pursuant to RCW 9.94A.505(6): ☐ _____ day(s) or ☒ days determined by the King County Jail.
☐ Credit is given for days determined by the King County Jail to have been served in the King County Supervised Community Option (Enhanced CCAP) solely under this cause number.
☐ The court authorizes earned early release credit consistent with the local correctional facility standards for days spent in the King County Supervised Community Option (Enhanced CCAP).
☐ Jail term is satisfied; defendant shall be released under this cause.

While incarcerated in the Department of Corrections the defendant shall undergo a comprehensive substance abuse assessment and receive, within available resources, appropriate treatment services.

COMMUNITY CUSTODY: The court further imposes 25 months, one-half of the midpoint of the standard range, as a term of community custody during which time the defendant shall comply with the instructions, rules and regulations promulgated by the Department for conduct of the defendant during community custody; shall perform affirmative acts necessary to monitor compliance, shall obey all laws and comply with the following mandatory statutory requirements:

(1) The defendant shall undergo and successfully complete a substance abuse program approved by the ~~Division of Alcohol and Substance Abuse of the Dept. of Social and Health Services;~~
(2) The defendant shall not use illegal controlled substances and shall submit to urinalysis or other testing to monitor compliance.

NON-COMPLIANCE. RCW 9.94A.660(5): If the defendant fails to complete the Department's special drug offender sentencing alternative program or is administratively terminated from the program, he/she shall be reclassified by the Department to serve the balance of the unexpired term of sentence. If the defendant fails to comply with the conditions of supervision as defined by the Department, he/she shall be sanctioned. Sanctions may include reclassification by the Department to serve the balance of the unexpired term of sentence.

The court further imposes an additional term of Community Custody of 12 months upon failure to complete or administrative termination from DOSA program if any of these offenses is a crime against a person (RCW 9.94A.411) or a felony violation of RCW 69.50/52. The defendant in this event shall comply with the conditions of Community Custody set forth in section 4.7 herein.

4.4 (b) **RESIDENTIAL TREATMENT-BASED SPECIAL DRUG OFFENDER SENTENCING ALTERNATIVE (DOSA)(for sentences imposed after 10-1-05) (available if the midpoint of the standard range is 24 months or less):** The Court finds the defendant eligible pursuant to RCW 9.94A.660 and, having reviewed an examination report and concluded that a DOSA sentence is appropriate, waives imposition of sentence within the standard range and sentences the defendant on Count(s) _____ as follows:

The defendant shall serve 24 months in community custody under the supervision of the DOC, on the condition that the defendant enters and remains in residential chemical dependency treatment certified under RCW Ch. 70.96 for _____ (between 3 and 6) months. The DOC shall make chemical dependency assessment and treatment services available during the term of community custody, within available resources.

Pending DOC placement in residential chemical dependency treatment, the defendant is ordered to attend a DOC day reporting center and follow all applicable rules. The defendant shall report to DOC to begin the DOC day reporting program within 24 hours of release.

The defendant shall comply with the treatment and other conditions proposed in the examination report, as mandated by RCW 9.94A.665(2)(a). Frequency and length of treatment and monitoring plan are specified in the **EXAMINATION REPORT ATTACHED AS APPENDIX 1.**

A progress hearing is set in this court, during the residential treatment, for _____ (90 days from sentencing date). Additional progress hearings may be set.

A treatment termination hearing is set in this court three months before the expiration of the community custody term, for _____ (date).

Before the progress hearing and the treatment termination hearing, the treatment provider and the DOC shall submit written reports to the court and parties regarding the defendant's compliance with treatment and monitoring requirements, including recommendations regarding termination from treatment.

NON-COMPLIANCE. RCW 9.94A.665(4): At the progress hearing or treatment termination hearing, the court may modify the conditions of community custody, authorize termination of community custody status on expiration of the community custody term, or impose a term of total confinement equal to one-half the midpoint of the standard range, along with a term of community custody.

4.5 **ADDITIONAL COMMUNITY CUSTODY CONDITIONS OF DOSA SENTENCE:** The court further imposes the following non-mandatory conditions of Community Custody (if checked):

☒ The defendant shall not use illegal controlled substances and shall submit to urinalysis or other testing to monitor compliance.
~~☒ The defendant shall not use any alcohol or controlled substances without prescription and shall undergo~~ testing to monitor compliance.
☐ Devote time to a specific employment or training.
☐ Remain within prescribed geographical boundaries and notify the court or the community corrections officer of any change in the offender's address or employment.
☒ Report as directed to a community corrections officer.
☒ Pay all court ordered legal financial obligations.
☐ Perform _____ community restitution hours on a schedule set by DOC.
☐ Stay out of designated areas as follows: _____

☐ Other conditions as set forth in **APPENDIX F.**

4.6 **ADDITIONAL CONFINEMENT:** The court may order the defendant to serve a term of total confinement within the standard range at any time during the period of community custody if the defendant violates the conditions of sentence or if the defendant is failing to make satisfactory progress in treatment.

4.7 **CONDITIONS OF COMMUNITY CUSTODY IMPOSED AFTER TERMINATION OF DOSA:**

☒ The defendant shall not use illegal controlled substances and shall submit to urinalysis or other testing to monitor compliance.

☒ The defendant shall not use any alcohol or controlled substances without prescription and shall undergo testing to monitor compliance.

☐ Remain within prescribed geographical boundaries and notify the court or the community corrections officer of any change in the offender's address or employment.

☒ Report as directed to a community corrections officer.

☒ Pay all court ordered legal financial obligations.

☐ Stay out of designated areas as follows: _____

☐ Other conditions: _____

4.8 **DNA TESTING.** The defendant shall have a biological sample collected for purposes of DNA identification analysis and the defendant shall fully cooperate in the testing, as ordered in **APPENDIX G.**

☐ **HIV TESTING:** For sex offense, prostitution offense, drug offense associated with the use of hypodermic needles, the defendant shall submit to HIV testing as ordered in **APPENDIX G.**

4.9 ☐ **OFF-LIMITS ORDER:** The defendant, having been found to be a known drug trafficker, shall neither enter nor remain in the protected against drug trafficking area(s) as described in **APPENDIX I** during the term of community supervision. **APPENDIX I** is attached and incorporated by reference into this Judgment and Sentence.

5.0 ☒ **NO CONTACT:** For the maximum term of 10 years, defendant shall have no contact with JONATHON ZAICHKIN AND MAPLE VALLEY PUBLIC WORKS

Date: 10.10.14

JUDGE
Print Name: _____

Presented by:

35411
Deputy Prosecuting Attorney, WSBA#
Print Name: _____

Approved as to form:

24701
Attorney for Defendant, WSBA #
Print Name: GERA KRUSKAMP
10/10/2014

FINGER PRINTS

RIGHT HAND
FINGERPRINTS OF:
MATTHEW RAYDOUGLAS
SCHLEY

DEFENDANT'S SIGNATURE: M Schley
DEFENDANT'S ADDRESS: DOC

Dated: 10/10/14

ATTESTED BY: BARBARA MINER,
SUPERIOR COURT CLERK

By: Kula Dabriels
DEPUTY CLERK

JUDGE

CERTIFICATE

I, _____
CLERK OF THIS COURT, CERITIFY THAT THE ABOVE IS A TRUE COPY OF THE JUDGMENT AND SENTENCE IN THIS ACTION ON RECORD IN MY OFFICE.
DATED: _____

CLERK

By: _____
DEPUTY CLERK

OFFENDER IDENTIFICATION

S.I.D. NO. WA15150497

DOB: 09/30/1975

SEX: Male

RACE: White/Caucasian

[ ] The following prior convictions were counted as one offense in determining the offender score (RCW 9.94A.525(5)):

Date: 10.10.14

JUDGE, KING COUNTY SUPERIOR COURT

SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON, Plaintiff, vs. MATTHEW RAYDOUGLAS SCHLEY, Defendant.	)	No. 14-C-01874-2 KNT APPENDIX G ORDER FOR BIOLOGICAL TESTING AND COUNSELING

(1) **DNA IDENTIFICATION (RCW 43.43.754):**

The Court orders the defendant to cooperate with the King County Department of Adult Detention, King County Sheriff's Office, and/or the State Department of Corrections in providing a biological sample for DNA identification analysis. The defendant, if out of custody, shall promptly call the King County Jail at 296-1226 between 8:00 a.m. and 1:00 p.m., to make arrangements for the test to be conducted within 15 days.

(2) ☐ **HIV TESTING AND COUNSELING (RCW 70.24.340):**

(Required for defendant convicted of sexual offense, drug offense associated with the use of hypodermic needles, or prostitution related offense.)

The Court orders the defendant contact the Seattle-King County Health Department and participate in human immunodeficiency virus (HIV) testing and counseling in accordance with Chapter 70.24 RCW. The defendant, if out of custody, shall promptly call Seattle-King County Health Department at 205-7837 to make arrangements for the test to be conducted within 30 days.

If (2) is checked, two independent biological samples shall be taken.

Date: 10.10.14

JUDGE, King County Superior Court

To. Whomever it may Concern:

1

I am asking that you please attach these additional authorities to my prefiled personal restaint petition. CASE # 73872-1-1. And please proceed forward. I will not be filing any more additional information and I do not wish to cause any further delay in proceedings. I humbly await you're ruling.

Thank you

Matthew Schley

FILED
COURT OF APPEALS DIV I
STATE OF WASHINGTON
2015 MAY 29 AM 11:23

No. 73872-1-1

THE WASHINGTON STATE SUPREME COURT

IN RE:
PERSONAL RESTRAINT PETITION
OF

Matthew Schley 746992

STATEMENT OF ADDITIONAL AUTHORITIES
PURSUANT TO RAP 10.8

FILED
COURT OF APPEALS DIV I
STATE OF WASHINGTON
2015 MAY 29 AM 11:23

M Matthew Schley
Petitioner, Pro Se,
COYOTE RIDGE CORRECTIONS COMPLEX
1301 NORTH EPHRATA AVENUE
POST OFFICE BOX 769
CONNELL, WA 99326-0769

I. IDENTITY OF PARTY SUBMITTING AUTHORITY

COMES NOW the Petitioner, Matthew Schley, Pro-se and pursuant to RAP 10.8 submits the following additional authority, without oral argument.

II. STATEMENT OF ADDITIONAL AUTHORITIES

The Petitioner submits the following additional authorities:

1. W.A.C 137-28-350(2) (Consecutive Sanctions) See Attachment 1

2. _____

DATED this 22 day of MAY, 20 15.

By: Matthew Schley
Petitioner Pro-se

DOC#: 746992; Unit: MSC- E-A-37- L
COYOTE RIDGE CORRECTIONAL COMPLEX
1301 N. Ephrata Avenue
P.O. Box 769
Connell, WA 99326-0769

ATTachment 1 of 2 RE: Personal Restraint Petition
Of. Matthew Schley 746992
CASE # 73872-1-1

(ADDITIONAL AUTHORITIES: 1
W.A.C 137-28-350(2)

> Consecutive SANCTIONS: if the hearings officer Determines That more than one infraction occured as A result of the Same incident he/She Shall not impose Consecutive Sanctions for the Seperate infractions, but Shall Consider them Together and impose penalties for the Group of infractions.

FILED
COURT OF APPEALS DIV 1
STATE OF WASHINGTON
2015 MAY 29 AM 11:24

Statement of petitioner:

I Was infracted for a 657 (failure To program as a result of a 505 infraction the hearings officer present at this DOSA Revoke hearing Concluded that Simply Because I was found guilty of A 505 "with "Some evidence" that I was Automatically guilty of a 657 and that Ruling by her, resulted in a DOSA revocation. This CASCade effect has resulted in a Loss of Custody and a Loss of all of my Custody points for a period of 6 months, plus a Loss of 15 days of good Time 15 days in the hole and a DOSA revocation that ~~Tolle~~ adds 29 more months To my Sentence.

I propose that this is in Violation of WAC 137-28-350(2) because ~~of~~ I was imposed Consecutive Sanctions And received a point

Loss and custody Loss ~~for~~ plus the Loss of DOSA and 29 months." for more than one infraction that occured as the result of the same incident"

also I suffer a greater sanction as a result of this WAC violation and if it is ruled that both of these infractions do result from the very same incident "wich they do" then I would NOT Lose my custody level I would retain my DOSA elligability and instedd of sitting for 6 months on the very precarious standing of 0 points I would still have 57 points which would allow me to retain my minimum custody and elligability for work release and be released 29 months sooner, so I have a great amount of liberty interest involved

Sincerely
Matthew Schley