**Superior Court of Washington, County of**

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| **State of Washington**, Plaintiff,v.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Defendant.DOB:CCN: | **No**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Order for Prison DOSA Screening Report per RCW 9.94A.660 (ORDOSA)****Offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****[ ] Clerk’s action required**  |

The court will consider imposing a sentence under the ***Prison-Based*** Special Drug Offender Sentencing Alternative (DOSA). The court hereby:

***Orders*** that the defendant shall participate in a substance use disorder screening report and
[ ] risk assessment report with the Department of Corrections.

***Orders*** that the sentencing in this case shall occur on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, at \_\_\_\_\_\_ a.m./p.m. before Judge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Room \_\_\_\_\_\_\_ of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County Courthouse.

***Orders*** that within 10 days of receiving this order, the screening report shall be faxed or delivered to the court at (fax number or room number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to the Prosecuting Attorney at (fax number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to the defendant (or defense counsel) at (fax number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and to the Department of Corrections Headquarters CD Unit.

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

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[ ] Defendant is incarcerated at: .

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

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[ ] [ ] Prosecuting Attorney [ ] Defense Attorney will send this order to the DOC at:
*(enter local DOC office address.)*

**Dated**:

 **Judge**

Presented By:

Deputy Prosecuting Attorney Attorney for Defendant Defendant

WSBA No. WSBA No. Print Name

Print Name Print Name