

Superior Court of Washington, County of _____

State of Washington, Plaintiff,

v.

Defendant.

DOB _____

PCN: _____

SID: _____

CCN: _____

No. _____

**Order for Chemical Dependency
Screening and Risk Assessment
Report for Parenting Sentencing
Alternative (ORPSA)**

Offense: _____

☐ Clerk's action required

The court will consider imposing a sentence under the ***Parenting Sentencing Alternative***.

The defendant shall participate in a substance use disorder screening with a DOC contracted provider and a DOC Risk Assessment Report.

Sentencing shall be on _____, 20_____, at _____am/pm before Judge _____
in room _____ of the _____ County Courthouse.

Within 17 court days of DOC receiving this order, the DOC shall deliver the drug screening and Risk Assessment Report to the Court at (*fax or room number*): _____
to the Prosecuting Attorney at (*fax*): _____, to the defendant
(or Defense Counsel) at (*fax*): _____, and to the
Department of Corrections Headquarters CD Unit.

☐ Defendant is residing in the community. Defendant's address and telephone number
are: _____

☐ Defendant is incarcerated at: _____

☐ Defense counsel's name and address are: _____

It is Ordered.

Date



Judge or Commissioner

Presented by:

Deputy Prosecuting Attorney

Attorney for Defendant

Defendant

WSBA No. _____

WSBA No. _____

Print Name: _____

Print Name: _____

Print Name: _____

The court will **email** this order to the DOC **Family and Offender Sentencing Alternative Administrator**. Email: DOCPSAlternative@doc1.wa.gov.