

RESIDENTIAL DOSA DEFENSE PACKET MATERIALS

- 1) **Residential DOSA Drug Court Opt-in Instructions for Defense Attorneys**
- 2) **Order for Community Residential DOSA Screen and Pre-sentence Examination**
- 3) **Order for Participation**
- 4) **Residential DOSA Drug Court Contract**
- 5) **Drug Court Informed Consent and Authorization for Release of Information**
- 6) **Order Substituting Attorney**
- 7) **Residential DOSA Drug Court Fee Sheet**
- 8) **Defense Verification of Address**
- 9) **ABHS -What to bring & what not to bring**

RESIDENTIAL DOSA DRUG COURT OPT- IN INSTRUCTIONS

Step 1 – ELIGIBILITY FOR RESIDENTIAL DOSA

- No sex offense at any time;
- Current charge is not a violent or sex offense;
- Current offense can not involve a sentence enhancement under RCW 9.04A.533(3), or (4);
- No felony DUI or felony Physical Control charge;
- No violent offense within the last ten years;
- If the current offense is a violation of the Uniform Controlled Substance Act or criminal solicitation to commit such a violation, the offense must involve only a small quantity of the particular controlled substance;
- Defendant cannot be subject to a deportation detainer;
- The end of the standard range for the current offense is greater than one year and the midpoint must be no higher than 24 months; and
- Defendant has not received a DOSA more than once in the prior 10 years before the current offense.

Step 2 – PLEADING GUILTY/EVALUATION

The defendant needs to plead guilty. The end of the standard range for the current offense must be greater than one year and the midpoint must not be higher than 24 months.

If the defendant is being considered for Residential DOSA, the following documents will need to be entered with the court after the plea is taken:

- Order for Community Residential DOSA Screen and Pre-Sentence Examination, per RCW 9.94A.660. (Clerk's Action Required, and Prosecuting Attorney's action required)
- Waiver of Speedy Sentencing.

**The Clerk of the Court and the Prosecuting Attorney will email the Order for the evaluation to DOC/ABHS (DocClarkCourtLiaison@doc1.wa.gov and docdosascreening@doc1.wa.gov).

**The drug and alcohol evaluation will be completed within 10 days. A review date should be set before the plea judge approximately 14 days or less from the date of the plea.

**DOC/ABHS will email the evaluation to the parties listed on the order.

Step 3 – RESIDENTIAL DOSA REVIEW DATE

Once ABHS has completed its evaluation and all parties have received a copy of the evaluation, the case should go back before the plea judge. This date would be the date set under Step 2. At that time, counsel makes argument for consideration of Residential DOSA.

If the plea judge **does not** decide that Residential DOSA is appropriate, then the defendant will be sentenced before the plea judge within his/her standard range.

If the plea judge agrees with a Residential DOSA sentence, then a Memorandum of Disposition should be signed by the plea judge stating Residential DOSA is appropriate in this case.

The Memorandum of Disposition should set the case before the Drug Court Judge on the next **Friday at 1:00 p.m.** for entry of the following:

- Judgment and Sentence Order;
- Order for participation;
- Residential DOSA Drug Court Contract;
- Order for Release to Inpatient Treatment;
- Substitution Order;
- Drug Court Informed Consent and Authorization for Release of Information

Defense counsel will need to be present at the hearing.

In-custody defendants will be picked up by American Behavioral Health Systems (ABHS) at the jail on the date and time contained in the ABHS evaluation.

Out of custody defendants will be picked up by ABHS at the West entrance of the Clark County Jail off 11th St. and Grant on the date and time contained in the ABHS evaluation.

Step 4 – RESIDENTIAL DOSA DRUG COURT

Once the defendant has been sentenced to a Residential DOSA sentence, a Drug Court defense attorney will be assigned to the case. That defense attorney will work with the defendant until he/she has successfully completed the RESIDENTIAL DOSA sentence or has had their Residential DOSA revoked.

QUESTIONS? Contact the Drug Court office at: 564-397-2304

updated 2/2020

**Superior Court of Washington
County of Clark**

State of Washington, Plaintiff,

v.

Defendant.

DOB: _____

No.

Order for RESIDENTIAL DOSA
Screening and Pre-Sentence
Examination per RCW 994A.660
(ORDOSA)

Offense: _____

[X] Clerk's action required _____

The court will consider imposing a sentence under the **Residential** Chemical Dependency Treatment-Based Alternative sentence (DOSA). It is hereby

Orders that the Defendant shall participate in a Department of Corrections chemical dependency screening report and pre- sentence examination with a DOC contracted provider.

Orders that the defendant shall participate in a Risk Needs Evaluation (RAR), and that the report be delivered as set forth below.

Orders that the sentencing in this case shall occur on _____, 20____, at _____ am/pm before Judge _____ in Department _____ of the Clark County Courthouse.

Ordered that within 10 days of receiving this order the chemical dependency screening examination report shall be faxed or delivered (1) to the Clark County Clerk, PO Box 5000, Vancouver WA 98666, (2) to the Prosecuting Attorney at (email): _____, (3) to the Defendant (or Defense Counsel) (fax/email): _____, (4) to the Department of Corrections Headquarters CD Unit and (5) to the Drug Court Coordinator at (fax): 360-759-6620.

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

Defendant is incarcerated at: _____

[X] Defense counsel's name and address are: _____

[X] **[X]** Prosecuting Attorney Defense Attorney will send this order to Department of Corrections at: docdosascreening@doc1.wa.gov and DocClarkCourtLiaison@doc1.wa.gov

Dated : _____

Judge _____

Presented by:

Deputy Prosecuting Attorney
WSBA No.
Print name:

Attorney for Defendant
WSBA No.
Print Name:

Defendant
Print Name:

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

STATE OF WASHINGTON
vs
_____,
Plaintiff
Defendant

NO. _____

ORDER FOR PARTICIPATION IN
ADULT RESIDENTIAL DRUG
OFFENDER SENTENCING
ALTERNATIVE DRUG COURT

Defendant _____ having agreed to the terms in the Adult Residential Drug Offender Sentencing Alternative Drug Court contract and having met the criteria for entry, now therefore it is:

ORDERED that the Defendant shall abide by the terms and conditions set out in the Adult Residential Drug Offender Sentencing Alternative Drug Court contract.

DATED this _____ day of _____, 20____.

SUPERIOR COURT JUDGE

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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK**

STATE OF WASHINGTON

Plaintiff

NO. _____

vs

_____,
Defendant

**RESIDENTIAL DOSA
DRUG COURT CONTRACT**

I, _____ (defendant) hereby ask to participate in the Clark County Residential Drug Offender Sentencing Alternative Drug Court (Res DOSA). In consideration of being accepted into Res DOSA, I agree to be bound by the following agreement, stipulations, and terms. I have made this decision to participate in Res DOSA freely, voluntarily, and knowingly. No one has threatened me or promised me anything other than what is set out in this document and the records and materials in my superior court file.

Additional Conditions: I also agree to the additional conditions of:

COURT OBLIGATIONS:

(initial below)

_____ **ADULT RESIDENTIAL DRUG OFFENDER SENTENCING ALTERNATIVE (RES DOSA) DRUG COURT PROGRAM:** I understand that the Adult Residential Drug Offender Sentencing Alternative (Res DOSA) Drug Court is twenty-four (24) months of DOC supervision. I agree to participate in the Res DOSA program until successful completion or until I am discharged, which is a minimum of 15 months in length but may be longer.

NOTICE – if a defendant has charges pending or is under investigation for criminal activity in any jurisdiction, this can be a basis for termination.

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2 **OBEY LAWS / REPORT POLICE CONTACT:** I will obey all laws and report any contact
3 with law enforcement personnel to the Res DOSA Drug Court assigned attorney, Drug Court
4 Office, DOC officer and/or my treatment case manager within 24 hours.

5 **HEARINGS:** I will appear at all scheduled court hearings or as otherwise ordered by the
6 Judge and/or Res DOSA Drug Court team. I understand that if I miss a court appearance a
7 warrant may be issued for my arrest. The failure to appear or report in person may result in
8 additional criminal charges including but not limited to charge(s) of Bail Jump, Escape,
9 violations of supervision and/or sanctions and/or termination from the program. I understand
10 that if I have any major violations to this contract including but not limited to issues with drug
11 test, new criminal allegations, discharged from inpatient or detox services against staff advice
12 that I am to report to the very first drug court docket. I also understand that I am to be on time
13 for court and stay through the entire court proceeding unless I have permission to leave.

14 **RELEASES OF INFORMATION:** I will sign all Releases of Information as deemed
15 necessary by the Res DOSA Drug Court team and/or DOC; I also waive confidentiality of my
16 diagnostic and treatment information, drug testing results, medical, mental health, educational
17 and other counseling/evaluations records as well as my probation / legal / criminal history
18 records and authorize all agencies to discuss my case with the Res DOSA Drug Court team to
19 communicate with and disclose to one another any information they deem necessary to
20 facilitate my participation in the Res DOSA program. I understand that the failure to sign a
21 release of information may result in my termination from Res DOSA and if at any time I
22 choose to revoke or withdraw a release, this too may be a basis for termination from Res
23 DOSA.

24 **COURT ORDERS:** I agree to abide by all court orders including but not limited to Return to
25 Court / Sanction Orders, Orders to enter and complete treatment, and/or No Contact Orders /
Restraining Orders in place.

RESPONSES: I understand the Adult Res DOSA Drug Court will use a system of rewards to
acknowledge compliance with program goals and rules and responses (sometimes called
“sanctions”) for noncompliance with this contract, DOC conditions or the court’s orders.
Responses may include, but are not limited to:

| | |
|---|---|
| Writing assignments, calendar / schedules | Hold the Door & Greet people w/ a message |
| Increased court appearances, delay phase | Increased services (UAs, support groups) |
| Referrals to other community programs | Denial of curfew / trip permits |
| Community service hours | Work crew |
| Jail | Change in Residence / Sober living |

DRUG COURT FEE: I agree to pay a \$100 non-refundable Res DOSA Drug Court
Program Fee.

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_____ **JUDGMENT & SENTENCE COSTS / RESTITUTION:** I understand that the court may order me to pay court costs, fines, victim/assessment fee, lab fee, drug fund contribution and restitution (if applicable). These fees are on my Judgment and Sentence Order. I also understand that Judgment and Sentence Costs which are not paid in full prior to completion of the Res DOSA Drug Court program may be placed on a payment review docket for further financial review by the Court.

_____ **TERMINATION:** I understand absconding (warrant) from the program, unsuccessful discharges from treatment programs, new criminal allegations and/or chronic non-compliance are all causes for potential termination. I also understand that I have a right to have a hearing if the Res DOSA Drug Court team recommends termination to the judge.

TREATMENT:

(initial below)

_____ **TREATMENT / SERVICES:** I will enter into and successfully complete all behavioral health treatment evaluations, intakes, group and individual therapy sessions and complete treatment plan objectives. I will also attend any/all educational programs, and other services deemed necessary by the Court. I will abide by all rules/regulations set by each service agency and all conditions and requirements ordered by DOC and the Court. I understand that if I am sick, I need to either show up and be sent home by the treatment professional or have medical documentation excusing me from services (see medical contact section). I further understand that if/when I am discharged from any treatment agency; I will report that information to my attorney, treatment case manager DOC officer and/or drug court office within 24 hours and report to the next Res DOSA Drug Court docket to explain the circumstances. The failure to appear or report in person may result in addiction criminal charges including, but not limited to the charges of Escape, violations of supervision and potential termination from the program.

_____ **RANDOM DRUG / ALCOHOL TESTS:** I agree to submit to randomized and witnessed urine, breath or other drug tests whenever requested to do so by the treatment program staff, DOC, the judicial officer, or any Drug Court team member. I understand that any attempt on my part to alter any type of substance testing, either through the use of a device, consumption of a masking agent, dilution or any other means may result in violations/sanctions from the court. I further understand that I must provide a sample when my color is called on the Lifeline Connections drug testing color line (Mon – Friday 10:30am – 6:45pm; weekend and holidays 11am – 3:45pm); and that the sample must be sufficient to test. A confirmed positive test of alcohol, marijuana or other illicit and non-prescribed medications is considered a violation and may result in a court response and will likely “restart” my documented *court clean time* on the color line which is a measure to when I can progress through the phase system.

_____ **CONFIDENTIALITY / OPEN COURT:** I understand that other Res DOSA Drug Court participants and members of the community may be in the courtroom during the time my case

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2 is reviewed. I also understand the Res DOSA team will talk about my case in a pre-hearing
3 conference. I understand that I may hear confidential information during Res DOSA sessions

4 **MEDICAL CONTACT:**

(initial below)

5 _____ **PRESCRIPTION MEDICATIONS:** I will request, whenever possible, that any medication
6 prescribed by a licensed medical provider be non-narcotic/non-addictive and taken as
7 prescribed. I understand that I need to take current prescriptions and only those prescribed to
8 me. I will seek approval from the Res DOSA Drug Court team, DOC and/or/ treatment case
9 manager for any over-the-counter or prescribed medication prior to using such medication. Use
10 of prescription drugs, other than pre-approved psychotropic and antibiotics, may impact my
11 *court clean time* and movement through my Res DOSA Drug Court phases. All appointments
12 with a prescriber (nurse, dentist, doctor, mental health, medication-assisted treatment) contact
13 **must be** accompanied by the Prescriber Form filled out by the prescribing medical provider
14 along with discharge summary paperwork.

15 I agree to be cautious of medications and to NOT use alcohol-based products; ephedrine-based
16 products and some herbal/energy drinks and/or foods which may produce a false positive or
17 positive test result. I will talk to treatment case manager and/or pharmacy prior to ingesting
18 medications. The **Prescriber Forms** can be downloaded from website
19 (<https://www.clark.wa.gov/superior-court/therapeutic-specialty-courts>).

20 **CONDUCT:**

(initial below)

21 _____ **SUPERVISION CONDITIONS:** I agree to comply with all conditions of my DOC probation
22 and understand that the DC team collaborates with other agencies (misdemeanor probation,
23 work crew, DCYF social workers, other jurisdictions, etc.) as it relates to releases of
24 information. I understand that the purpose is to holistically help me achieve all of my goals
25 and comply with conditions from any agency. I will comply with all other conditions that may
be imposed by the Judge including curfew and home checks, non-associations with convicted
felons or any other added services throughout the program.

_____ **DEPARTMENT OF CORRECTIONS (DOC) SUPERVISION / REPORTING:** I
understand that I must report in person to DOC within 24 hours following my discharge of all
residential treatment facilities or after serving a jail violation. I understand that the failure to
appear or report in person may result in additional violations from DOC.

_____ **RESIDENCE / TRAVEL / OVERNIGHTS / CURFEW:** I will reside in Clark County,
Washington in a residence that is drug and alcohol free and does not contain firearms.
Without first obtaining permission from DOC and the Res DOSA Drug Court Judge, team
and/or treatment case manager; **I will not:** 1) change residences; 2) spend the night at any
address other than the one that has been approved by the court; 3) travel outside of Clark
County; and 4) abide by my phase-specific curfew (9pm, 10pm, 11pm, midnight or otherwise
court-approved).

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FIREARMS: I will not possess, use or own any firearms or any other illegal weapons, nor will I reside where firearms are present unless I have the Court’s prior permission.

SEARCH OF PERSON / CAR / HOME: Upon request, and without notice and without probable cause and/or warrant, I agree to submit to a search of my person, residence, vehicle and/or other personal property and surroundings when asked by DOC and any law enforcement officer partnered with the Res DOSA Drug Court program.

ALCOHOL / DRUGS: I understand that long-term recovery is the primary focus of this program. I agree that I will not possess, buy, sell or consume any alcohol, marijuana, or non-prescribed drugs. I will not abuse any over-the-counter medications or mind/mood altering substances and synthetics for the purpose of avoiding detection through drug testing. If I am prescribed medications, I understand that I must have a conversation with the prescriber and that I should request non-narcotic and non-addictive medications if possible and taking the medications must be medically necessary. I will provide copies of the prescriber form and discharge summary paperwork at the next contact with treatment provider / court. I understand and agree that any possession, use, buying or selling by me of these substances will be considered a violation of the program rules and may be treated as a positive drug test violation and restart my *court clean time*; impacting the progression of the phase structure and depending on the severity of the allegation, may be cause for termination.

SOCIAL / ASSOCIATIONS / INTIMATE CONTACT and VISITING COURTHOUSE / JAIL FACILITY: I understand that the Res DOSA Drug Court team strongly discourages new intimate relationships in early recovery. In addition, I understand that I need to contact the Drug Court office and inform the team why I might be at one of the courthouses and/or jail on a non-drug court docket and if visiting someone, I must provide name and date of birth. I also understand that if I have active no contact orders/restraining orders and/or other DOC restrictions as to associations, I must obey those orders.

HONESTY: I know it is important to be honest and tell the truth at all times. This is the cornerstone of long-term recovery and builds a foundation of trust and respect. I understand that the team will make recommendations to the judge based on my honesty, accountability and the steps I take to make the next right decision. Honesty is emphasized and valued in all decision-making and I understand that I must be truthful in all my dealings with Res DOSA Drug Court.

BE ON TIME: I understand that it is important to be on time for all required appointments, court and other activities and that being late may have consequences. If I am late for treatment, I know that I might not be allowed to attend my counseling session and I will be considered non-compliant. I understand that it is best to contact my treatment counselor if there is a possibility I may be late.

SELF-SUFFICIENCY: I understand that one of the goals of the Res DOSA Drug Court program is to assist me in my long-term recovery. I understand that it is a requirement of the last phase of the program and graduation to be employed, a student, volunteering (as determined by the court), or receiving stable and reliable income from a legal source prior to

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program completion for an average of at least 15+ hours each week. I understand that employment where alcohol, marijuana and/or drugs is consumed or sold needs to be approved by the Res DOSA Drug Court team prior to accepting the position. I also understand that Res DOSA obligations take priority over school / work obligations.

BEHAVIOR: I understand that this is a treatment court, but that it is important to present my best self to the courts. I will dress to make positive impressions and not wear clothing that glorifies an unhealthy lifestyle or reveal too much. I understand that there are resources to assist me. I also understand that being on time is important as well as maintaining respectful conduct. Any inappropriate and/or aggressive behavior may cause me to be discharged from services and result in a violation.

I have read this contract and have fully discussed it with my attorney. I understand the rights I must give up and the agreements I must make and understand that violation of this contract or any other Res DOSA Drug Court rule may result in sanction(s) and/or termination from the Res DOSA Drug Court Program. I further understand that I must meet all the Res DOSA Drug Court requirements prior to my successful completion from the Drug Court portion and that I may remain on DOC supervision until the full 24 months of supervision is completed. I knowingly give up these rights and agree to abide by the terms of this contract.

_____ Date: _____
Defendant

I have read and discussed Res DOSA Drug Court contract with the defendant and believe the defendant is competent and understands the contract terms.

_____ Date: _____
Defense Attorney, WSBA # _____

Agreed to By:

_____ Date: _____
Deputy Prosecuting Attorney, WSBA # _____

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK**

STATE OF WASHINGTON
Plaintiff,

vs.

Defendant

NO. _____

**DRUG COURT / RESIDENTIAL DOSA
INFORMED CONSENT AND
AUTHORIZATION FOR
RELEASE OF INFORMATION**

I, _____, authorize the Clark County Superior Drug Court Team and the following members of the team:

| | |
|-----------------------------|---|
| Drug Court case managers | Drug Court Prosecuting Attorney and their assistant |
| DOC (DC) Probation officers | Drug Court Defense Attorneys |
| Drug Court Judge | CCSO/VPD assigned law enforcement officer |
| Drug Court Coordinator | Drug Court Alumni Representative |
| Drug Court Admin Assistant | |

To communicate with and disclose to one another the following information:

My name and other personal identifying information
My DOC/criminal status and history
My status as a patient in AOD/ MH treatment
Initial and subsequent evaluations of my service needs
Summaries of AOD/MH assessment, history, case plans, progress and compliance
Attendance in AOD/MH treatment and drug test results
Other: _____

The purpose of the disclosures authorized in this consent is to enable the Clark County Drug Court and its Team to evaluate my program compliance and need for services. I am aware that the above information is protected by federal and state regulations.

I understand that regulations, including 42 CFR Part 2, RCW 71.05.390 and WAC 275-56-240, prohibit disclosure of these records without my consent or as otherwise permitted by those regulations.

I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follow:

One month following termination/graduation from the Clark County Drug Court Program

DATED: _____

_____ Defendant

Defense Attorney WSB# _____

_____ Defendant's date of birth

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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF CLARK

STATE OF WASHINGTON

Plaintiff,

vs.

NO. _____

_____,

Defendant

**ORDER SUBSTITUTING
ATTORNEY**

I. ORDER

IT IS HEREBY ORDERED that _____ is substituted for _____, as attorney for the above-named defendant upon entering the Adult Drug Court / Residential Drug Offender Sentencing Alternative Drug Court.

DATED this _____ day of _____, 20____.

SUPERIOR COURT JUDGE

RESIDENTIAL DOSA DRUG COURT FEE

Residential DOSA Drug Court Fee is \$100.

You will need to have a Residential DOSA Drug Court Contract for each case that your client comes into Drug Court on. There is one fee, no matter how many separate cases your client has.

If your client is coming into Residential DOSA Drug Court on multiple cases, (different cause numbers) the Residential DOSA Drug Court fee should only be included on the Contract that has the HIGHEST (most recent) cause number. Cross off the fee in all the other Drug Court Contracts so that your client is not charged more than once.

If your client is terminated from the program they will still be required to pay any of the unpaid balance of the \$100. This is in addition to regular J&S fees.

American Behavioral Health Services (ABHS)

WHAT TO BRING /NOT TO BRING

The following is a list of recommended personal items that all new clients should consider bringing with them to treatment. Although none are required, the items in *Italics* may help you feel more comfortable and at home:

- Good attitude and willingness to change
- Personal hygiene products (i.e. deodorant—no aerosol cans, toothpaste) (except at Chehalis facility-don't bring to that facility)
- Sleepwear (non-revealing)
- Shower socks/shoes
- *(Shower towels and washcloths provided by the facility)*
- Favorite blanket or comforter
- Favorite pillow
- 5-7 days of clothing (nothing tight or revealing)
- Inexpensive garments (those that can be laundered); dry cleaning is not available
- Tablets, 3 ring binder or spiral notebooks for personal use (no electronic tablets)
- Stamps, envelopes, stationary
- Roll of quarters or small bills for vending machines (no large bills will be accepted at the facility)
- Alarm clock (no radio, and it must have an electric plug)
- Cigarettes/tobacco if necessary
- Medications—must bring enough medication for the length of stay. If possible, please make sure medications are in “bubble packs”, and/or sealed AND you must have a written prescription. Over-the-counter medications need to be unopened and require a 30 day supply (i.e. Tylenol, Ibuprofen, antacids, and topical creams only).

ITEMS NOT TO BRING:

- No art supplies (provided by facility).
- No alcohol or illegal drugs or paraphernalia.
- No weapons or tools.
- No electronics, excluding alarm clocks are permitted (i.e. T.V., radio, computer/laptops, cell phones, cameras, CD players, MP3 players, iPods, or headphones)
- No electronic cigarettes or vape pens
- No fingernail polish or remover
- No cars or vehicles of any kind on the property
- No outside food or beverages
- No aerosol sprays/cans
- No perfume or cologne
- No pornography
- No whiteout or paint
- No Q-Tips or swabs
- No STG identifiers or gang related items
- No tampons
- Most of all **NO** bad attitude!