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) **Residential DOSA Drug Court Contract**

4) **Residential DOSA Drug Court Informed Consent and Authorization for Release of Information**

5) **Order for Priority Payment of Drug Court Program Fee**

6) **Residential DOSA Drug Court Fee Sheet**

7) **Defense Verification of Address**

8) **ABHS – What to Bring**

9) **Suitability Screen**

updated 3/2016

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)

- Waiver of Speedy Sentencing.

**The Clerk of the Court will fax the Order for the evaluation to Spectrum Health.

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

**Spectrum Health will fax the evaluation to the Drug Court Coordinator who will distribute a copy of the evaluation to all parties, including the plea judge.

Step 3 – DOSA REVIEW DATE

Once Spectrum Health 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;
- Residential DOSA Drug Court Contract;
- Order for Release to Inpatient Treatment; and
- 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 Spectrum Health 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 Spectrum Health evaluation.

Step 4 – 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 DOSA sentence or has had their Residential DOSA revoked.

QUESTIONS? Contact Drug Court defense attorneys:
Mary H. Arden at 360/694-4551; ardenlaw@comcast.net or
Barry Brandenburg at 360/695-6335; barry.brandenburglawfirm@gmail.com

Superior Court of Washington
County of Clark

State of Washington, Plaintiff, v. _____, Defendant. DOB:	**No.** **Order for Community RESIDENTIAL DOSA Screen and Pre-Sentence Examination per RCW 9.94A.660 (ORDOSA)** **Offense**: _____ [ ] Clerk's action required

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

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

[ ] ***Ordered*** that the Defendant shall participate in a Risk Needs Evaluation (RAR), and that the report be delivered as set forth below.

Ordered that sentencing in this case shall occur on _____, 20___, at ____am/pm before Judge _____ in Department _____ of the Clark County Courthouse. It is further

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 bjhangartner@doc1.wa.gov

Dated: _____ _____
Judge

Presented by:

_____	_____	_____
Deputy Prosecuting Attorney WSBA No. Print name:	Attorney for Defendant WSBA No. Print Name:	Defendant Print Name:

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

STATE OF WASHINGTON Plaintiff, vs. _____, Defendant	NO. _____ **RESIDENTIAL DOSA DRUG COURT CONTRACT**

In consideration of being accepted into the Clark County Superior Court Residential DOSA Drug Court Program (RDDC), I agree to the following terms while I am in the program:

1. **OBEY LAWS/REPORT POLICE CONTACT:** I will obey all laws and report any contact with law enforcement personnel to my Residential DOSA Drug Court probation officer within twenty-four (24) hours.

2. **HEARINGS:** I will appear at all scheduled court hearings or as ordered by the Judge, or as directed by the Residential DOSA Drug Court DOC officer. The failure to appear or report in person may result in additional criminal charges including, but not limited to the charge(s) of Bail Jump and/or Escape, violations of supervision, sanctions, and/or termination from the program.

3. **COURT ORDERS:** I agree to abide by all Court Orders, this includes but is not limited to No Contact Orders, Sanction Orders, and Orders to enter and complete treatment.

CLARK COUNTY PROSECUTING ATTORNEY
1013 FRANKLIN STREET • PO BOX 5000
VANCOUVER, WASHINGTON 98666-5000
(360) 397-2261 (OFFICE)
(360) 397-2230 (FAX)

4. **RESIDENTIAL DOSA DRUG COURT PROGRAM (RDDC):** I understand that the Residential DOSA Drug Court program is twenty- four (24) months of DOC supervision. I agree to participate in the Residential Drug Court program until successful completion or until I am successfully discharged, terminated or voluntarily opt out. The minimum time period to successfully complete RDDC program is a minimum of 12 months and understand that I remain on DOC supervision until the 24 months is completed.

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

5. **DRUG COURT FEE:** I agree to pay $600 non refundable Drug Court fee.

6. **JUDGMENT & SENTENCE COSTS:** I understand that the court has ordered various court costs, fines, and fees. This can also include payment of restitution. These court costs are on my current Judgment and Sentence Order.

7. **TREATMENT:** I will enter into and successfully complete all treatment deemed necessary by the court. I will abide by all rules/regulations set by the treatment agency and all conditions and requirements ordered by the court.

8. **DEPARTMENT OF CORRECTIONS (DOC) REPORTING:** I will call the DOC reporting phone number every day and report as instructed, either weekly or monthly or as the courts or DOC officer have instructed. I will report, in person, to DOC within 24 hours following my discharge from an inpatient treatment facility or jail release. I will appear to the first scheduled Residential DOSA Drug Court docket. The failure to appear or report in person may result in additional criminal charges including, but not limited to the charge(s) of Escape, violations of supervision, sanctions or termination from the program and imposition of sentence.

9. **RELEASES:** I will sign all ***Releases of Confidential Information*** as deemed necessary by the treatment agency, Department of Corrections, and Drug Court; I also waive confidentiality of my medical records and authorize all agencies to discuss my case with the Drug Court team and the court. I understand that the failure to sign a release of confidential information may result in my termination from the program. Further, if at any time I revoke or withdraw a release, this too may be a basis for termination from the program.

10. **SOCIAL/ASSOCIATIONS/INTIMATE CONTACT:** I agree to not have any sexual, intimate, or social contact with any person currently under DOC supervision or those with a felony conviction, or any person using/possessing any controlled substance or alcohol. This excludes contact while attending RDDC court hearings, treatment, court-approved events/housing, mentoring activities or support meetings. ***Social contact may be allowed only with prior approval by the court by submitting a request form to your DOC officer.***

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11. DRUG/ALCOHOL TESTING: I agree to submit to randomly scheduled and witnessed urine, breath, or other screening whenever requested to do so by the treatment program staff, the judge, Department of Corrections, or any Residential DOSA Drug Court personnel as ordered or requested. I further understand any attempt on my part to alter any type of drug test specimen, either through use of a foreign device, consumption of a masking agent, dilution or any other means may result in violations/sanctions and cause for termination from the program.

12. ALCOHOL/DRUGS: I will not possess or use alcohol or drugs unless lawfully prescribed by a physician, in which case I will provide copies of the prescription and the Prescriber's Letter at the next contact with my DOC officer, case manager, treatment provider and/or court team. I will not possess, buy, sell or consume any substances that are non-prescribed mind or mood altering substances (even if such substances may not currently be illegal). Such substances include, but are not limited to: Spice, K2, "Mr. Nice Guy", Salvia, Brainfreeze, Kratom, Bath salts, Krokodil, Flakka, THC and alcohol. I understand and agree that any possession, use, buying or selling by me of these substances, will result and be treated as a "use" sanction/penalty within the Residential DOSA Drug Court program and will impact my progression through the program.

13. MEDICATION USE: I will request, whenever possible, that any medication prescribed by a licensed prescriber be a non-narcotic and taken as prescribed and will provide a signed "Prescriber's Letter" to the court, DOC officer, and/or treatment case manager. I will be cautious and seek approval from my DOC officer and the treatment agency for any over-the-counter or prescribed medication prior to using such medication. Use of prescription drugs, other than psycho-tropic and antibiotic medications may impact my *clean time* and movement through my Residential DOSA Drug Court phases. I will avoid alcohol-based and ephedrine-based products/medications and discuss medication alternatives with the pharmacist/pharmacy if in doubt.

14. DOC CONDITIONS: I agree to comply with all other conditions DOC may impose including, but not limited to curfew, home checks and non-association with certain people.

15. HONESTY: Honesty is being truthful with the decisions I make and the actions I take. I understand that I must be truthful in all my dealings with Drug Court.

16. RESIDENCE/TRAVEL/OVERNIGHTS: I will reside at a court-approved and DOC-approved residence in Clark County, Washington that is drug and alcohol free and does not contain firearms. **I will not**: 1) change residences; 2) spend the night at any address other than the one that has been approved by the court; or 3) travel out of county/state, without prior DOC or court approval.

17. SEARCH OF PERSON/HOME: Upon request, I agree to submit to a search of my person, residence, vehicle or other personal property when asked by my Residential DOSA Drug Court probation officer or any law enforcement officer acting at the direction of Residential DOSA Drug Court.

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18. FIREARMS: I will not possess, use, own, nor will I reside where firearms are present, unless I have the courts and DOC prior permission.

19. EMPLOYMENT: I agree to be employed, a student, or a full-time homemaker (as determined by the court) or volunteering in the community prior to completion of Residential DOSA Drug Court.

In executing this contract, I, the undersigned Defendant, understand that violation of this contract or any other Residential Drug Court rule may result in sanction(s) and/or termination from the Residential Drug Court Program. I further understand that I must meet all the Residential Drug Court program requirements prior to my graduation from the Residential Drug Court.

My attorney has explained and we have fully discussed all of the above and I understand and wish to enter into this Residential DOSA Drug Court contract. I have no further questions.

_____ Date: _____
Defendant

I have read and discussed this Residential DOSA Drug Court contract with the defendant and I believe the defendant is competent and fully understands the terms of this Residential DOSA Drug Court contract.

_____ Date: _____
Defense Attorney, WSBA #_____

Agreement to the terms of this contract and recommendations of the State.

_____ Date: _____
Deputy Prosecuting Attorney
W.S.B. # _____

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

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

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

STATE OF WASHINGTON Plaintiff, vs. _____, Defendant	NO. _____ **ORDER FOR PRIORITY PAYMENT OF DRUG COURT FEE** **[X] Clerk's action required**

IT IS HEREBY ORDERED that the Defendant's Drug Court fee of $_____ in the above-entitled case shall be a priority payment.

DATED this _____ day of _____, 20___.

_____
SUPERIOR COURT JUDGE

Presented by:

_____
Attorney for Defendant
W.S.B. #_____

Approved to form and content:

_____
Deputy Prosecuting Attorney
W.S.B. #_____

RESIDENTIAL DOSA
DRUG COURT FEE

Residential DOSA Drug Court Fee is $600.

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 if 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 $600. This is in addition to regular J&S fees.

Questions? Contact Drug Court defense attorneys, Mary H. Arden at 360.694.4551; ardenlaw@comcast.net or Barry Brandenburg at 360.695.6335; barrybrandenburg@yahoo.com

DRUG COURT/RESIDENTIAL DOSA
DEFENSE VERIFICATION OF ADDRESS

Defense attorneys are required to verify a defendant's address if they are out of custody or if they plan to be released from jail at time of acceptance into Drug Court.
Note: This does not guarantee release at time of opt-in.

Please provide the following information to the Court:

Defendant's full name: _____

Completed Address:

_____

Street City Zip code

Phone: _____ _____
Home land line Cell phone

Name and date of birth of person(s) defendant will be living with:

1. _____
2. _____
3. _____
4. _____
5. _____

Ask and answer the following questions:

1. Is this residence free from drugs and alcohol? Y N
2. Are there any felons residing at this residence? Y N
   If yes, name w/dob_____
3. Is defendant allowed to reside at this residence? Y N

The above information was verified by a person other than the defendant via:
Speaking to (name) _____ Contact phone: _____

**If the defendant is in custody, he may not be released until the above information is verified by defense.

American Behavioral Health Services (ABHS)

WHAT 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
- All hair care products (alcohol-free and no aerosol cans)
- Personal hygiene products (i.e. deodorant—no aerosol cans, toothpaste)
- Sleepwear (non-revealing)
- Robe
- Slippers
- Shower socks/shoes
- *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 or spiral notebooks for personal use
- Stamps, envelopes, stationary, personal notebook
- 3 ring binder
- Roll of quarters
- Telephone card
- Alarm clock (no radio)
- Medications—must bring enough medication for the length of stay. Unopened, over-the-counter medications you will need during your stay (Tylenol, Ibuprofen, antacids, and topical creams only).

Suitability Screen = Therapeutic Specialty Courts

Section 1 – Client Demographics

Last Name: _____ First Name: _____ MI _____

DOB: ___/___/____ Current age: _____ Last 4 digits of SSN: _____

Gender: _____ Race: _____ Primary Language: _____

Marital Status: _____ Email address: _____

Name & DOB of Child (ren):

Name: _____dob_____ Have custody ? Yes ☐ No ☐

Name: _____dob _____ Have custody ? Yes ☐ No ☐

Name: _____dob _____ Have custody ? Yes ☐ No ☐

Physical Address: _____

Residence Type (house, apt., mobile home, condo, shelter, Oxford, etc) _____

Home Phone: _____ Cell Phone: _____

Other/Message #: _____

List names of people you will be (or are) residing with, and their relationship to you:

_____

Are they sober? ___Y or ___N

List any addictive prescription medications in the home? _____

Emergency contact name & relationship: _____

Phone #: _____ cell ☐or home phone ☐

- Have you ever served in the military? YES ☐NO ☐ If so, what branch:_____
  Discharge _____ Year(s) enlisted (i.e. 1971): _____ Year(s) discharged: _____
  Combat: ____ Rank _____
  MO: _____ If National Guard, what State: _____

Section 2 – Education/Employment History

- Highest Education Completed: _____

  Have GED? ___Y or ___N Desire to obtain one? __Y or __N

  Do you have any learning disabilities that we need to know about? (Please explain):

  _____

- Are you currently employed? ___Y or ___ N Last time you had a job? _____

  Company Name: _____ Job Skill(s): _____

- Do you have any Insurance benefits? If yes, with who? _____
  (i.e. Molina, Community Health Plan, TANF, Kaiser, VA , Tri Care, etc)
  Date you started receiving benefits _____

Section 3 – Physical Health/ Mental Health

- Have you had Medical Treatment in the past 30 days? __Y or __N
  If yes, Please explain: _____
- Continuing illness or Chronic Pain issues?: ___Y or ___N
- List any Prescription Medications that are prescribed to you:
  _____
- Any major head injuries in your past? ___Y or ___N
- Have you in the past or currently involved in any Mental Health counseling agencies?
  ___Y or ___ N *If yes, what Agency:*_____ Counselor: _____
  Diagnosis: _____ Age of Diagnosis: _____
  Medications: _____
- Taking meds as prescribed? ___Y or ___N
- Any current/past suicidal thoughts? ___Y or ___N *If so, how often:* _____
- Any current/past suicidal attempts? ___Y or ___N *If yes, when and how often:* _____
- Any self-harmful cutting/mutilation? ___Y or ___ N
- How often do you feel anxious? _____
- Any past/current experience with hearing voices? ___Y or ___N
- What is your sleep like? _____
- Seeing things that others may not? ___Y or ___N *If so, when/how often?* _____
- ***Women Only***:* *Are you pregnant?* _____ *Due Date:* _____
  Are you under a Doctor's Care? If so, Who? _____

Section 4 – Substance Abuse History

Drugs listed below (√) (check all used in past 12 months)	How often (Daily, weekly, monthly, etc)	Age 1st used	Date last used
Meth:_____	_____	_____	_____
THC:_____	_____	_____	_____
Heroin:_____	_____	_____	_____
Cocaine:_____	_____	_____	_____
Alcohol:_____	_____	_____	_____
RxPills:_____	_____	_____	_____
Inhalants _____	_____	_____	_____
Hallucinogens_____	_____	_____	_____
Other:_____	_____	_____	_____

Name of Abused Prescription drugs: _____

What is your main drug of choice? _____

How do you use the drug (√)? ___snort ___smoke ___ingest ___IV use ____ huff

Have you ever had Drug/ Alcohol treatment before? (If no, leave blank)

OUTPATIENT AGENCY: _____YEAR _____How long ? _____ Complete? Y or N

INPATIENT AGENCY: _____ YEAR _____ How long? _____ Complete? Y or N

Section 5 – Other History

- Other than the cases you are being referred to this orientation, do you have any other pending cases/charges/ warrants in this county or anywhere else? _____
- Are you on DOC probation? If so, who is your officer? _____
- Have you been convicted of a serious violent or sex crime in the past? If so, please explain

_____

- Have you been convicted of a charge that involved a firearm in the past? _____
- How old were you when you first became involved in the justice system/courts/probation? _____
- Approximately how many times have you been to Juvenile Detention _____ Jail ? _____
- Do you have an active *No Contact Order*? If so, who/relationship?_____
- Have you ever been involved in a gang? _____ If so, are you actively involved now? _____

  What is the name of the gang you are in? _____

Please explain why you want to be in this specialty treatment court?

_____

_____

_____

On a Scale from 1 (low) to 10 (high):

How interested are you in getting treatment and joining (or remaining) in this program? _____