

SUPERIOR COURT OF WASHINGTON FOR KING COUNTY

STATE OF WASHINGTON,
Plaintiff,
v. _____,
Defendant.
DOB: _____
CCN: _____

NO. _____

ORDER TO REPORT TO RESIDENTIAL
TREATMENT CENTER PURSUANT TO
RCW 9.94.660

The defendant, having been sentenced pursuant to the Residential DOSA Option, is ordered to report to ABHS van for treatment as follows:

DATE: _____

TIME: 8:00 a.m. King County Jail 9:30 a.m. Maleng Regional Justice Center

Criminal Justice Center – 1550 4th Avenue, Seattle 98134 (out of custody)

LOCATION: ABHS

500 SE Washington Avenue
Chehalis WA 98532

ABHS

12715 E. Mission Avenue
Spokane Valley WA 99216

or

44 E. Cozza Drive
Spokane WA 99208

- Beds for women are only available at the Spokane facilities
- Men report to Chehalis or one of the Spokane facilities depending upon bed availability

ABHS: Phone: (866) 729-8038, ext. 210 (toll free) or (509) 343-0174 Fax: (509) 242-1867

Transportation: (360) 232-5766 ext. 248 (Chehalis), (509) 701-0893 (Spokane)

Email: Sheila Norris at snorris@abhsinc.net and

doccdviolatortreatment@abhsinc.net or DOSA@abhsinc.net

Defendant must be drug and alcohol free upon report to the treatment center and shall follow all rules of the treatment agency (attached is a list of acceptable items to bring).

DATED this _____ day of _____, 20_____.

JUDGE

Deputy Prosecuting Attorney, WSBA # _____

Attorney for Defendant, WBA # _____

Defendant

