

**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**. It is hereby

Ordered that the Defendant shall participate in a chemical dependency screening with a DOC contracted provider and a DOC Risk Assessment Report. It is further

Ordered that sentencing in this case shall occur on _____, 20____, at ____ am/pm before Judge _____ in Room _____ of the _____ County Courthouse. It is further

Ordered that within 17 days of DOC receiving this order, the DOC shall fax or deliver the drug screening and Risk Assessment Report 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 address and telephone number are: _____
- Defendant is incarcerated at: _____
- Defense counsel's name and address are: _____

Dated: _____

Judge

Presented by:

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

The court will **fax** this order to the DOC **Family and Offender Sentencing Alternative Administrator**.
Fax: (360) 586-0169.