

4.4 **FIRST TIME OFFENDER WAIVER OF PRESUMPTIVE SENTENCE:** The court waives imposition of a sentence within the presumptive sentence range and imposes the following sentence pursuant to RCW 9.94A.650:

(a) Defendant shall serve a term of confinement as follows, commencing:  immediately;

(Date): \_\_\_\_\_ by \_\_\_\_\_ a.m./p.m.:

\_\_\_\_\_ months/ days on count \_\_\_\_\_; \_\_\_\_\_ months/ days on count \_\_\_\_\_; \_\_\_\_\_ months/ days on count \_\_\_\_\_

This term shall be served:

in the King County **Jail**.

in King County **Work/Education Release** subject to conditions of conduct ordered this date.

Defendant shall participate in Enhanced CCAP if not working while in W/ER.

in King County **Electronic Home Detention** subject to conditions of conduct ordered this date.

For **burglary or residential burglary** offense, before entering Electronic Home Detention, 21 days must be successfully completed in Work/Education Release.

\_\_\_\_\_ days of confinement are converted to \_\_\_\_\_ days in King County Supervised Community Option (**Enhanced CCAP**) subject to conditions of conduct ordered this date.

The terms in Count(s) No. \_\_\_\_\_ are consecutive/ concurrent.

This sentence shall run  CONSECUTIVE  CONCURRENT to the sentence(s) in cause \_\_\_\_\_.

The sentence(s) herein shall run  CONSECUTIVE  CONCURRENT to any other term previously imposed and not referenced in this order.

**Credit** is given for time served in King County Jail or EHD solely for confinement under this cause number pursuant to RCW 9.94A.505(6):  \_\_\_\_\_ day(s) or  days determined by the King County Jail.

Jail term is satisfied; defendant shall be released under this cause.

Credit is given for days determined by the King County Jail to have been served in the King County Supervised Community Option (Enhanced CCAP) solely under this cause number.

The court authorizes earned early release credit consistent with the local correctional facility standards for days spent in the King County Supervised Community Option (Enhanced CCAP).

(b)  **COMMUNITY CUSTODY** is ordered for \_\_\_\_\_ months (up to 6 months unless treatment is ordered, in which case not more than 12 months). The Defendant shall report to the Department of Corrections within 72 hours of release from custody, or this date if currently out of custody; shall comply with any affirmative acts imposed by the Department to monitor compliance with this sentence; shall comply with all rules, regulations and conditions of the Department for supervision of offenders; and shall not possess any firearm or ammunition; shall perform all affirmative acts necessary to monitor compliance and otherwise comply with the other terms of this sentence.  APPENDIX H attached for additional conditions.

(c)  **COMMUNITY RESTITUTION:** Defendant shall complete  \_\_\_\_\_ days/ hours of community restitution under the supervision of the Department of Corrections to be completed:  on a schedule established by the defendant's Community Corrections Officer; or  as follows: \_\_\_\_\_ . If the defendant is not supervised by the Department of Corrections, this will be monitored by  the Helping Hands Program  this court.

A review hearing is set on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./ p.m. in this courtroom.

(d)  **NO CONTACT:** For the maximum term of \_\_\_\_\_ year(s), defendant shall have no contact with \_\_\_\_\_  
\_\_\_\_\_

(e) **DNA TESTING.** The defendant shall have a biological sample collected for purposes of DNA identification analysis and the defendant shall fully cooperate in the testing, as ordered in **APPENDIX G.**  
 **HIV TESTING:** For sex offense, prostitution offense, or drug offense associated with the use of hypodermic needles, the defendant shall submit to HIV testing as ordered in **APPENDIX G.**

(f)  **OTHER CONDITIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional conditions are attached in **APPENDIX H.**

Date: \_\_\_\_\_

\_\_\_\_\_  
JUDGE  
Print Name: \_\_\_\_\_

Presented by:

Approved as to form:

\_\_\_\_\_  
Deputy Prosecuting Attorney, WSBA#  
Print Name: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Defendant, WSBA #  
Print Name: \_\_\_\_\_