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(3)

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BY: *M* DEPUTY

**SUPERIOR COURT OF WASHINGTON  
MASON COUNTY  
JUVENILE COURT**

County Courthouse  
4th and Alder  
Shelton, Washington 98584  
Telephone: 360.427.9670

STATE OF WASHINGTON

NO: 04-8-00191-4

v.

CASSANDRA RHOADES

MOTION FOR ORDER REQUIRING  
JUVENILE TO APPEAR AND  
SHOW CAUSE  
(MT)

DOB: 2-15-1988

1. The undersigned states that on **02-22-05**, the above named juvenile pled guilty to the crime(s) of: **Theft 3**
2. The juvenile was ordered on **02-22-05** to various requirements or conditions under:
  - (X) An Order of Disposition/Restitution.
  - ( ) An Order of Deferred Disposition.
3. The juvenile has violated or failed to comply with the requirements or conditions of sentence as set forth in:
  - (X) The attached declaration.
4. The undersigned moved the Court for an Order Requiring the Juvenile to Show Cause Why the Juvenile Should Not Be Punished for non-compliance with the conditions of the disposition.

33

Date:

5/11/05

By:

*E.P. Smith # 3059*  
Deputy Prosecuting Attorney

**SUPERIOR COURT OF WASHINGTON**  
**MASON COUNTY**  
**JUVENILE COURT**  
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Telephone: 360.427.9670

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STATE OF WASHINGTON

NO: 04-7-191-4

v.

CASSANDRA RHOADES

DECLARATION OF:  
TIM VANDERWAAL

A Minor

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I. DECLARATION

TIM VANDERWAAL hereby declares as follows:  
On FEBRUARY 22, 2005 said minor was ordered to 12 months of  
community supervision.

The minor was ordered to comply with the following conditions:

- 1) Shall refrain from using tobacco, non-prescribed drugs and alcohol.

Said minor failed to abide by the following:

- 1) Per attached, urinalysis submitted on 5-3-05 tested positive for meth/amphetamine.

I DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE  
STATE OF WASHINGTON THAT THE FOREGOING IS A TRUE AND CORRECT  
STATEMENT.

05-10-2005/Building 8  
DATE/PLACE OF SIGNING

  
SIGNATURE

Name: **WASON CC. PROBATION**  
 Name: **RHOADES, CASSANDRA**  
 Date: 5/5/2005 @  
 Time: 5:11 PM  
 Date: 5/5/2005 @ 6:21 PM

 Accession: **7183463**

 Donor Client ID:  
 Specimen ID: **7183463**
**Final Report**

Name	Result	Screening CutOff	GC/MS Quantitations	GC/MS Cutoff
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**Demographic Data**

Collected By: D PETERSON

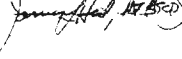
**Drugs Tested**

Amphetamines	<b>POSITIVE</b>	1000 ng/mL	Methamphetamine	1398 ng/mL	500 ng/mL
Cocaine Metabolite	NEG	300 ng/mL			
Ecstasy	NEG	300 ng/mL			
Heroin	NEG	20 ng/mL			

**Multidrug Screening Panel**

Cocaine	30.8	> 20 mg/dL
Heroin	NEG	500 mg/L
Alcohol	5.9	3.0 - 11.0

Certified True and Complete



 James Heit, MT (ASCP)  
 (Signed out 5/5/2005)