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(3) 2005 JUN -6 P 3:44  
MASON CO. WA.  
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**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-~~7~~<sup>8</sup>-191-4

v.

CASSANDRA RHOADES

(SUPPLEMENTAL)  
DECLARATION OF:  
TIM VANDERWAAL

A Minor

I. DECLARATION

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

The minor was ordered to comply with the following conditions:

- 1) Complete 30 hours of community service.
- 2) Shall refrain from using tobacco, non-prescribed drugs and alcohol.

Said minor failed to abide by the following:

- 1) Per attached, the minor failed to appear for community service on 6-4-05.
- 2) Per attached, urinalysis submitted on 5-31-05 tested positive for Marijuana (THC).

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

06-06-2005/Building 8  
DATE/PLACE OF SIGNING

  
SIGNATURE

36.1

**JUVENILE**

**COMMUNITY SERVICE REFERRALS**

Probation Officer TLV

Date 3-25-05

Offender Name Cassandra Phares

Phone 432-9875

Mailing Address 2414 Washington St  
Shelton 98584

Wk \_\_\_\_\_  
Msg \_\_\_\_\_

Alias/Nickname \_\_\_\_\_

Cause # 04-8-191-4

Termination Date \_\_\_\_\_

Number of Hours Community Service 30

Comments (i.e. attitude/health) I RESIDES WITH MOM @ MOM'S BROTHER'S  
RESIDENCE.

Completed CS \_\_\_\_\_ as of \_\_\_\_\_  
Hours Date

~~REMOVED~~ ~~COMPLETED~~ **COMMENTS**  
18 OF 30 HOURS

Did not successfully complete community service and was terminated from the program on 6-6-05

Reason Terminated RTN for C.S work crew

Failure to Appear on 6-4-05

Attitude \_\_\_\_\_

On ICM

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is a true and correct statement. Signed in the county of Mason/city of Shelton, State of Washington.

Dated this 6th day of June, 2005

[Signature]  
Community Service Coordinator



Phone: (800) 442-0438  
 FAX: (253) 552-1549

Agency Name: **MASON CO. PROBATION**  
 Donor Name: **RHOADES, CASSANDRA**  
 Collected: **5/31/2005 @**  
 Received: **5/31/2005 @ 5:40 PM**  
 Reported: **6/ 2/2005 @ 11:31 AM**

Accession: **6976504**

Donor Client ID:  
 Specimen ID: **6976504**

**Final Report**

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

Collected By: D PETERSON

**Drugs Tested**

Amphetamines: NEG 1000 ng/mL  
 Cocaine Metabolite: NEG 300 ng/mL  
 Opiates: NEG 300 ng/mL  
 THC: **POSITIVE** 20 ng/mL

THC: 126 ng/mL 6 ng/mL

ng THC/mg Creatinine: 117

**Adulterant Screening Panel**

Creatinine: 107.9 > 20 mg/dL  
 Nitrite: NEG 500 mg/L  
 pH: 5.5 3.0 - 11.0

Certified True and Complete

*Daniel J. Baker, Ph.D.*

Daniel J. Baker, Ph D - Lab Director  
 (Signed out 6/ 2/2005)