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JUN 28 2005

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(3)

PAT SWARTOS, Clerk of the
Superior Court Mason Co. Wash

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.

Date:

5/28/05

By:

Deputy Prosecuting Attorney

Edup J. [Signature] A345911

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JUVENILE COURT**
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4th and Alder
Shelton, Washington 98584
Telephone: 360.427.9670

STATE OF WASHINGTON

NO: 04-7-191-4

v.

CASSANDRA RHOADES

DECLARATION OF:
TIM VANDERWAAL

A Minor

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 6-10-05 tested positive for Marijuana.

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

06-22-2005/Building 8
DATE/PLACE OF SIGNING


SIGNATURE

PATIENT INFORMATION	
NAME	RHOADS, CASSANDRA
AGE	27Y DOB 02/15/1980 SEX F
LAB NO.	633115774

PACLAB OLYMPIA
PACLAB
 NETWORK LABORATORIES
 500 Lily Rd. NE, Suite 170
 Olympia, Washington 98506
 (360) 456-1900 (800) 874-2969
 FAX (360) 456-2740

CLIENT INFORMATION
CHEMICAL DEPENDENCY-SHELTON CDCS PROV ST PETER CDC SHELTON SHELTON, WA 98584
CHAPPELL, GEORGE L MD

PT. NUMBER

REPORTED
06/13/2005 11:50

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TESTS REQUESTED:
 F62193 ORDERS: CDCARO, SQTHCO
 COL: 06/10/2005 19:05 REC: 06/10/2005 21:49

TEST NAME	RESULTS		UNITS	REFERENCE
	OUT OF RANGE	IN RANGE		
CALLBACK COMMENT:				
CDC URINE DRUG SCREEN				
SPECIFIC GRAVITY		1.013		1.003-1.030 [31]
TOXICOLOGY PH		7.4		5.0-8.0 [31]
BENZODIAZEPINES		NEGATIVE	ng/mL	NEG [31]
Reference range: 0 to 200				
MARIJUANA, URINE (CDC)	*	POSITIVE	ng/mL	NEG [31]
Reference range: 0 to 20				
COCAINE		NEGATIVE	ng/mL	NEG [31]
Reference range: 0 to 300				
ALCOHOL, URINE		NEGATIVE		NEG [31]
Reference range: 0 to 50				
OPIATES		NEGATIVE	ng/mL	NEG [31]
Reference range: 0 to 300				
AMPHETAMINE/METHAMPHETAM		NEGATIVE	ng/mL	NEG [31]
Reference range: 0 to 1000				
COMMENT 1		See Note		[31]
Drug screen results are for medical use only. Use for legal or disciplinary purposes requires confirmation by alternate methods.				
THC, SEMI-QUANT	[31]	H 131	ng/mL	0-20
[31] TEST PERFORMED AT ST. PETER'S HOSPITAL, 413 N LILLY ROAD, OLYMPIA, WA 98506				

CHARLES A. RICHERT, M.D., MEDICAL DIRECTOR