

**6682 Woodbank Drive www.uscourtprogram.com**

**Bloomfield Hills, MI 48301 info@uscourtprograms.com**

**248-425-6306- Office**

**248-325-9688 -Fax**

Agency Referring\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Your Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone# (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Number: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TESTING OPTIONS** (Please check both the type of test and frequency)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Drug & PBT |  | FREQUENCY: |
|  | ETG |  | Daily Testing |
|  | PBT |  | Random ( x per week) |
|  | Drug Swab (Screen & Confirm) |  | Random ( x per month) |
|  | EGT Swab (Screen & Confirm) |  | **OTHER:** |
|  | **J99 -** EtG, 10-panel Drug and 3-panel validity test ALL confirmed |  |  |
|  | Confirmation U/A |  |  |
|  | OTHER: |  | **ASSIGNED COLOR:** |
|  | Testing Start Date: |  | Testing End Date: |

**Genesee County Macomb County**

114 W. Court Street 35992 Gratiot Ave

Flint, MI 48502 Clinton Township, MI 48035

**Random Call in - 810-288-9091 Random Call in - 586-216- 5088**

Office phone: 810-288-9727 Office phone: 586-321-7098

Fax: 810-234-7106 Fax: 586-329-1491

**Isabella County Muskegon County**

210 Court Street, Ste. G Mt. Pleasant, MI 48858 1 Apple Avenue, Suite A Muskegon, Ml 49442

**Random Call in - 989-317-4491 Random Call in - 231-855-4800**

Office phone: 989-317-4990 Office phone: 231-855-2000

Fax: 989-317-4490 Fax: 231-722-0600

**Livingston County Wayne County**

736 S. Michigan Ave. 18600 Van Horn Rd. Suite 2

Howell, MI 48843 Woodhaven, MI 48183

**Random Call in - 517-798-7766 Random Call in – 734-672-6629**

Office phone: 517-618-7828 Office phone:734-788-3221

Fax: 517-552-1237 Fax: 734-672-6680

Other reporting Requirements/RX Meds being taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to bring identification and:

1. To appear at the D’n’A location by the date noted above for my initial intake/test.
2. To pay for any and all tests that day as ordered by the court. Tests will not be performed if payment isn’t received.

$25 registration includes the first drug test (urinalysis).

1. To comply with all conditions of D’n’A testing, knowing that the court will be notified if I fail to do so.
2. To call the Random Call number daily as the frequencies are minimums.

**Release of Confidentiality**: this consent for disclosure is to be used for Criminal Justice Referrals whose treatment is a condition of the disposition of any criminal proceedings against the client or of the client's parole/probation or other release of custody. Information may be disclosed verbally, in writing, or by electronic means. This also applies to those non-criminal justice referrals as well. I hereby authorize D'n'A Testing Centers, Inc. to release and exchange information contained in my client file records with the referring court/agency.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**White Copy - Court Yellow Copy – Defendant/Client**