

ONSITE SUBSTANCE ABUSE TESTING/NEW FRONTIER REFERRAL

LARA - MI Department of Licensing and Regulatory Affairs #631332, #500450, #810364, #823129, #631366

Name: _____ Phone# _____

Address: _____ City/State/Zip: _____

CASE# _____ CURRENT OFFENSE: _____

COURT:

PRESIDING JUDGE: _____

NEXT COURT DATE
___ / ___ / ___

PROBATION OFFICER: _____

DRUG TESTING & COUNSELING/TREATMENT OPTIONS

- | | | |
|--|--|---|
| <input type="checkbox"/> 1X Only- Drugs and/or Alcohol- \$20 | <input type="checkbox"/> Impaired Driving Program | <input type="checkbox"/> Substance Abuse Treatment (Outpatient) |
| <input type="checkbox"/> Alcohol/PBT -\$5 | <input type="checkbox"/> Counseling Services | <input type="checkbox"/> Substance Abuse Evaluation |
| <input type="checkbox"/> Urine ETG -\$25 | <input type="checkbox"/> Prevention 1- Substance Abuse (8) 1 Hr. Sessions | <input type="checkbox"/> Mental Health Treatment |
| <input type="checkbox"/> Saliva -\$25 | <input type="checkbox"/> Prevention 2- Substance Abuse (16) 1 Hr. Sessions | <input type="checkbox"/> Anger Management |
| <input type="checkbox"/> Hair Testing (5- Panel)-\$125 | <input type="checkbox"/> Alcohol Assessment | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Alcohol & Drugs (5- Panel)-\$10 | | <input type="checkbox"/> Handgun Education Prevention |

TESTING FREQUENCY & DURATION

- | | | | |
|---|-----------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Daily Testing | From: ___/___/___ To: ___/___/___ | <input type="checkbox"/> Random ___x Monthly | From: ___/___/___ To: ___/___/___ |
| <input type="checkbox"/> Random ___x Weekly | From: ___/___/___ To: ___/___/___ | <input type="checkbox"/> Weekends Only Sat/Sun | From: ___/___/___ To: ___/___/___ |

ONSITE ENROLLMENT INFORMATION

YOU MUST CALL OFFICE FIRST BEFORE REPORTING By This Date: ___ / ___ / ___

All Offices Acknowledge Holiday Testing Times

- I understand that I am to pay \$30 enrollment fee (**cash only**) ***Completed referrals can be emailed to Lfakhouri_onsite@att.net ***
- Bring Picture Identification (Drivers License, State ID, etc.)
- **Bring Copy of Enrollment Sheet**
- You must agree to submit to alcohol tests and /or drug screens upon the requests of Onsite.
- **Testing must be paid in full each time that you are required to report.**
- **It is an Onsite policy to monitor all drug testing clients.**
- If you test positive for any drug there is an **additional \$25 fee** you must pay for confirmation levels
- **Any positive alcohol and/or drug tests will be reported immediately to the court.**

By signing below, I understand all of the above information is a condition of my probation. It is my responsibility to report to Onsite Substance Abuse Testing at the above date and time. If I fail to comply, the court will be notified immediately. A bench warrant can or will be issued for my arrest with additional costs and possible Jail Time for my Non-Compliance.

Defendant's Signature

Date

FERNDAL: (248) 399-8032 Fax: (248) 399-8042 • 22720 Woodward Ave., Suite 105, Ferndale, MI 48220
Hours: Mon.-Fri. 7:30am-5pm and Sat. & Sun. 8am-11am

WARREN: (586) 558-7878 Fax: (586) 558-7879 • 29400 Van Dyke Ave., Suite 102, MI 48093
Hours: Mon.-Fri. 7am-10am / 5pm-8pm and Sat. & Sun. 7am-10am

YPSILANTI: (734) 544-0193 Fax: (734) 544-0194 • 61 N. Huron St., Ypsilanti, MI 48197
Hours: Mon.-Fri. 7am-10am / 4pm-7pm and Sat. & Sun. 8am-11am

REDFORD: (313) 533-7010 Fax: (313) 533-7060 • 25521 5 Mile, Redford, MI 48239
Hours: Mon.-Fri. 7am-10am / 4pm-7pm and Sat. & Sun. 7am-10am

LYON TOWNSHIP: (248) 437-7010 Fax: (248) 437-7080 • 29587 Costello Dr., Lyon Township, MI 48165
Hours: Mon.-Fri. 6am-9am / 5pm-7pm and Sat. & Sun. 6am-9am

SHELBY TOWNSHIP: (586) 254-1911 Fax: (586) 254-1922 • 49608 Van Dyke Ave., MI 48317
Hours: Mon.-Fri. 7am-10am / 4pm-7pm

LINCOLN PARK: (313) 789-5121 Fax: (313) 789-5133 • 1570 Fort St., Lincoln Park, MI 48146
Hours: Mon.-Fri. 7am-10am / 4pm-7pm and Sat. & Sun. 7am-10am