



COMMUNITY CORRECTIONS
1421 Healy Street; Kalamazoo, MI 49048
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Electronic Mail: jtstra@kalcounty.com

Out-Of-County Drug Testing Referral

This is a confidential form.

Do not give this form to the probationer.
If the probationer comes into our office with this form,
they will NOT be tested.

Defendant's Name (First, Middle, Last): _____

Defendant contact phone #: _____

Defendant Address: _____

Defendant's DOB: _____ Case # _____

Defendant's Email: _____

Referring Court: _____ Client SID Number: _____

Probation Agent: _____ Judge: _____

Agent Phone # _____ Agent Fax # _____

Agent E-mail Address: _____

[] One-time only Drug Testing (No Random Testing)?
OR

[] Random Drug Testing? How often: _____ per: _____
number of times week or month

Date ordered to call to set up appointment by: _____

Please select type of test (all positives are automatically confirmed):

- [] Standard 5-panel test (amphetamines, benzodiazepines, cocaine, opiates, THC): \$20.00
[] Standard 5-panel test with EtG/EtS (no additional charge, also \$20.00)
[] Other (please note substances requested): _____ (Call for Pricing)

Please note: (1) Payment must be made at the time of testing. (2) All results and no-show reports are available through a web portal or e-mail. (3) Two months of no shows will result in the client's case being administratively closed, with no further reports. (4) Specimen collection is observed by OCC personnel. (5) The Drug Testing Coordinator's direct telephone number is (269) 383-6443 - Joshua Strait (6) Intake hours: Monday-Friday only. Wednesday will have late appointment time slots. Client must call to set up appointment.