

**IN THE COURT OF COMMON PLEAS
DOMESTIC RELATIONS DIVISION
SUMMIT COUNTY, OHIO**

Plaintiff /Petitioner 1

-vs-

Defendant /Petitioner 2

) CASE NO. _____

) JUDGE _____

) MAGISTRATE _____

) **ORDER FOR DRUG AND/OR**
) **ALCOHOL TESTING**

The matter came before the Court for ☐ Hearing ☐ Family Court Services referral ☐ GAL referral.

Upon consideration of the matter, **IT IS ORDERED:**

☐ Plaintiff /Petitioner 1 ☐ Defendant /Petitioner 2 ☐ Other _____, shall submit to an **OBSERVED:**

☐ 6 Panel Standard Urine Test

☐ Hair Test

☐ Additional Assay: _____

☐ 5 Panel ☐ 13 Panel

☐ Other: _____

☐ 17 Panel ☐ ETG (alcohol) only

To be conducted by Averhealth, 53 University Ave., 2nd Floor, Akron, Ohio 44308

Phone: 330 643 5255 ext. 5280, E-Mail: AkronOH@averhealth.com.

Parties shall submit to the test on or before: _____ Month/Date, 20____ (Year) by _____ a.m./p.m.

☐ Random Call-In at rate of ____ times per month.

A Photo ID is required to submit a drug screen.

Results shall be released to Family Court Services at: fcs@drccourt.org . Drug test results will then be filed in the Family Court Services file.

Costs paid by: ☐ Each party shall pay for their own test ☐ Plaintiff ☐ Defendant ☐ Other _____

Other Orders: _____

Confirmations of a positive test must be requested within 75 days of original results at a cost of \$15 per assay. To request confirmation of a positive test contact Family Court Services at fcs@drccourt.org .

IT IS SO ORDERED.

JUDGE/MAGISTRATE

cc: