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

_____	)	CASE NO. _____
Plaintiff /Petitioner 1	)	
	)	JUDGE _____
-vs-	)	MAGISTRATE _____
	)	
_____	)	**ORDER FOR DRUG AND/OR ALCOHOL TESTING**
Defendant /Petitioner 2	)	

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
☐Additional Assay: _____
☐Other: _____

☐ Hair Test
☐ 5 Panel ☐ 13 Panel
☐17 Panel ☐ ETG (alcohol) only

To be conducted by Averhealth, 53 University Ave., 2nd Floor, Akron, Ohio 44308
Phone: 866 680 3106 ext. 20, 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@drcourt.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@drcourt.org .

IT IS SO ORDERED.

_____
JUDGE/MAGISTRATE

cc: