

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

\_\_\_\_\_  
Plaintiff /Petitioner 1

) CASE NO. \_\_\_\_\_  
)  
) JUDGE \_\_\_\_\_  
)  
) MAGISTRATE \_\_\_\_\_  
)  
) **ORDER FOR DRUG AND/OR**  
) **ALCOHOL TESTING**  
)

-vs-

\_\_\_\_\_  
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:**

- |  |   |
|--|---|
| <input type="checkbox"/> 6 Panel Standard Urine Test | <input type="checkbox"/> Hair Test  |
| <input type="checkbox"/> Additional Assay: _____     | <input type="checkbox"/> 5 Panel <input type="checkbox"/> 13 Panel            |
| <input type="checkbox"/> Other: _____                | <input type="checkbox"/> 17 Panel <input type="checkbox"/> ETG (alcohol) only |

To be conducted by Averhealth, 53 University Ave., 2<sup>nd</sup> Floor, Akron, Ohio 44308  
Phone: 866 680 3106 ext. 20, E-Mail: [AkronOH@averhealth.com](mailto: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](mailto: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](mailto:fcs@drcourt.org) .

IT IS SO ORDERED.

\_\_\_\_\_  
JUDGE/MAGISTRATE

cc: