

NOVA TESTING, LLC

**Random Test Line:
248-788-7058**_____
Defendant's Name_____
Defendant's Street Address_____
City/State/Zip_____
Defendant's Phone Number_____
Probation Officer / Contact Name_____
Judge / Referrer_____
Court's Phone Number_____
Last 4 digits of SS#_____
Case#**Select tests to be administered:**☐ Alcohol & Drugs \$12☐ Alcohol \$6 / ETG \$16☐ Drugs \$11

| X | FREQUENCY (Please specify number of times weekly/monthly) | DURATION (Specify term of testing) |
|--------------------------|---|------------------------------------|
| <input type="checkbox"/> | Daily | |
| <input type="checkbox"/> | Random (x weekly) | |
| <input type="checkbox"/> | Random (x monthly) | |
| <input type="checkbox"/> | Weekends (Saturday & Sunday) Weekends | |
| <input type="checkbox"/> | (Friday, Saturday & Sunday) Weekends | |
| <input type="checkbox"/> | (Saturday, Sunday & Monday) | |
| <input type="checkbox"/> | Other: | |

Please Specify Program Start Date: _____

Comments: _____

- I agree:
1. To appear at one of the Nova Testing locations weekday hours are from 6:30 AM to 10:00 AM, 5:00 PM to 7:30PM Saturday and Sunday 7:00 AM to 10:30 AM, for drug and/or alcohol testing.
 2. To bring cash, money order or certified check in the amount of \$25.00 for my initial intake and full payment for all tests, at the rates specified above, for each service rendered. **A picture ID is required prior to all testing services.**
 3. If, I do not comply with any and all conditions, I am aware the Court will be notified immediately.
 4. I understand that the Court has sentenced me to a testing program in lieu of jail, only if I fulfill all required conditions.

Defendant's Signature_____
DateClarkston
6060 Dixie Hwy
Suite D
PH: 248-922-9211
Fax: 248-922-9277Rochester
745 Barclay Circle
Suite 325
PH: 248-844-9693
Fax: 248-844-9695Lake Orion
46 W. Shadbolt
Suite B-1
PH: 248-236-2550
Fax: 248-236-2551