



ACKNOWLEDGMENT OF DRUG/ALCOHOL TESTING – FIELD

Name DOC number Cause number

As a condition of your supervision, you must submit to drug/alcohol testing as directed by the case manager. In addition to the standard conditions of supervision, the following is required:

1. The case manager must be able to contact you to report for testing, either directly or through a reliable person, or as otherwise arranged and agreed upon.
2. Changes in your address, employment, or telephone number(s) must be reported to the case manager immediately.
3. When notified to report for testing, you must report on the day indicated. Testing may be required on any day of the week.
4. Following notification, failure to report for testing may result in a violation of your community custody.
5. Before testing, you must advise the case manager of any drugs, alcohol, narcotics, or medication that you are taking, whether prescribed or not. Any prescribed medicines will require written verification from your doctor prior to testing.
6. You will not take any medicines or drugs prescribed for persons other than yourself.
7. You will not ingest any items containing poppy seeds.
8. Refusal/failure to provide a specimen within one hour may result in a violation, which may result in corresponding sanctions.

Nothing in the above instructions is meant to interfere with legitimate medical treatment. If as a result of your drug/alcohol use withdrawal is necessary, you are urged to seek detoxification under medical supervision.

You must call () - every day Monday through Friday between ____ and ____ to receive daily testing instructions. **Your case manager/drug testing colors is:** _____

When your case manager/drug testing color is stated on the recording, you will report to the office between ____ and _____. If you are unable to report, you must call your case manager before ____ for instructions.

You cannot leave a message at the call-in number or receive the daily case manager/testing color from the secretary. Do not call the office if the recording is the same as the day before.

FAILURE TO COMPLY WITH ANY OF THE ABOVE INSTRUCTIONS, REFUSAL TO SUBMIT TO TESTING, DELIBERATE EVASION, OR USE OR POSSESSION OF DEVICES OR ADDITIVES TO AVOID OR ALTER TESTING WILL RESULT IN VIOLATION PROCEEDINGS.

I understand that it may be necessary for the case manager to inform my doctor of my parole/community custody and the condition to submit to drug/alcohol testing. If this occurs, a release of information will be secured before contact.

I understand and agree to abide by these additional instructions as part of my supervision. I have received a copy of this acknowledgment.

Signature

Date

Witness

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Imaging file **COPY** - Supervised individual