

ONSITE SUBSTANCE ABUSE TESTING/NEW FRONTIER REFERRAL

LARA - MI Department of Licensing and Regulatory Affairs #631332, #500450, #810364, #823129

Name: _____ Phone# _____

Address: _____ City/State/Zip: _____

CASE# _____ CURRENT OFFENSE: _____

COURT: _____	PRESIDING JUDGE: _____	NEXT COURT DATE ____ / ____ / ____
	PROBATION OFFICER: _____	

DRUG TESTING & COUNSELING/TREATMENT OPTIONS

1X Only Drugs and/or Alcohol PBT-\$20
Alcohol PBT-\$5
Lab-based Urine ETG-\$25
6-Panel Saliva-\$25
10-Panel Saliva-\$30
Hair Testing (5-panel)-\$125
Alcohol PBT & Drugs (6-panel)-\$12
Drugs only (6-panel)-\$12
Drugs only (10-panel)-\$20

Impaired Driving Program
Counseling Service
Prevention 1- Substance Abuse
(8) 1 Hr. Sessions
Prevention 2- Substance Abuse
(16) 1 Hr. Sessions
Alcohol Assessment
CBT Program

Substance Abuse Treatment
Outpatient
Substance Abuse Evaluation
Mental Health Treatment
Mental Health Evaluation
Anger Management
Domestic Violence
Handgun Education Prevention

TESTING FREQUENCY & DURATION

Daily Testing From: ____/____/____ To: ____/____/____ Random ____x Monthly From: ____/____/____ To: ____/____/____
Random ____x Weekly From: ____/____/____ To: ____/____/____ Weekends Only Sat/Sun From: ____/____/____ To: ____/____/____

OnSite ENROLLMENT INFORMATION

YOU MUST CALL OFFICE FIRST BEFORE REPORTING By This Date: ____ / ____ / ____

All Offices Acknowledge Holiday Testing Times

*** Completed referrals can be emailed to: Lfakhouri_onsite@att.net or faxed to designated office ***

- I understand that I am to pay \$30 enrollment fee
- Bring Picture Identification (Drivers License, State ID, etc.)
- **Bring Copy of Enrollment Sheet**
- You must agree to submit to alcohol tests and /or drug screens upon the requests of OnSite.
- **Testing must be paid in full each time that you are required to report.**
- **It is an OnSite policy to monitor all drug testing clients.**
- If you test positive for any drug there is an **additional \$25 fee** you must pay for confirmation levels
- **Any positive alcohol and/or drug tests will be reported immediately to the court.**

By signing below, I understand all of the above information is a condition of my probation. It is my responsibility to report to OnSite Substance Abuse Testing at the above date and time. If I fail to comply, the court will be notified immediately.

Defendant's Signature

Date

FERNDAL: (248) 399-8032 Fax: (248) 399-8042 • 22720 Woodward Ave., Suite 105, Ferndale, MI 48220
Hours: Mon.-Fri. 7:30am-5pm (Lunch 12-12:30pm) and Sat. & Sun. 8am-11am

WARREN: (586) 558-7878 Fax: (586) 558-7879 • 31700 Van Dyke Ave., Suite 140B, MI 48093
Hours: Mon.-Fri. 7am-10am / 5pm-8pm and Sat. & Sun. 7am-10am

YPSILANTI: (734) 544-0193 Fax: (734) 544-0194 • 61 N. Huron St., Ypsilanti, MI 48197
Hours: Mon.-Fri. 7am-10am/ 4pm-7pm and Sat. & Sun. 8am-11am

REDFORD: (313) 533-7010 Fax: (313) 533-7060 • 25521 5 Mile Road, Redford, MI 48239
Hours: Mon.-Fri. 7am-10am / 4pm-7pm and Sat. & Sun. 7am-10am

LYON TOWNSHIP: (248) 437-7010 Fax: (248) 437-7080 • 29577 Costello Dr., Lyon Township, MI 48165
Hours: Mon.-Fri. 6am-9am / 5pm-7pm and Sat. & Sun. 6am-9am

SHELBY TOWNSHIP: (586) 254-1911 Fax: (586) 254-1922 • 50712 Van Dyke Ave., MI 48317
Hours: Mon.-Fri. 7am-10am/ 4pm-7pm and Sat. & Sun. (Temporarily closed on Weekends)

LINCOLN PARK: (313) 789-5121 Fax: (313) 789-5133 • 1570 Fort St., Lincoln Park, MI 48146
Hours: Mon.-Fri. 7am-10am/ 4pm-7pm and Sat. & Sun. 7am-10am