



Washtenaw County / City of Ann Arbor

# COMMUNITY CORRECTIONS

A Division of the Trial Court

4101 Washtenaw, Ann Arbor, MI 48108  
(Located in the southwest corner of the jail parking lot)  
TX: (734) 973-4520 FX: (734) 973-4769  
Hours: Monday thru Friday 8:30am-4:30pm

Client Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone # \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City/Zip \_\_\_\_\_

Referral Source (Agent/Case Worker) \_\_\_\_\_ Phone \_\_\_\_\_

**Client must appear at Community Corrections by:**

**Frequency\*(X)**  Today Only or \_\_\_\_\_ times per  Week or  Month  
 Per Agent Discretion

\*To select a random test schedule, please complete the box in the lower right hand corner of this form. Designate referral to Drug & Alcohol Random Testing (DART) at the top, select a test frequency and designate the corresponding number(s) or letter(s) assigned the client. Review the DART rules with the client and forward the form via fax (734) 973-4769. Your client can begin calling the random test line immediately.

**Test Type (X) [Cost]  Self-Pay  Bill Agency**

- Five Panel [\$25] - Methamphetamine, Cocaine, Marijuana, Morphine & PCP
- Four Panel [\$20] - Amphetamine, Cocaine, Marijuana & Morphine
- Two Panel [\$10] - Cocaine & Marijuana
- Single Panel [\$6] - (Choose one or more boxes below)
- Alcohol [\$3] - (No charge if given with another test)

**Alternate between panel screens at Community Correction discretion**

- Amphetamine  Barbiturate  Benzo  Cocaine
- Marijuana  Methamphetamine  Methadone  Morphine  PCP

Does client have picture ID?  YES  NO

If No: Client description: \_\_\_\_\_

- I hereby authorize the release of alcohol and drug abuse test results protected under the regulations in 42 Code of Federal Regulations, Part 2 to the person or agency specified as the referral source. The purpose of this release is to facilitate assessment or treatment or to monitor conditions of Court Supervision. This release of information is valid for the period of supervision or participation in referral source programming unless revoked by me prior to that date. I have read and understand the terms of this release of information.
- I understand that my urine may be tested for adulteration or dilution. I will not add substances to my urine, nor will I drink excessive amounts of water before testing.
- I understand a Urine or Oral test may be administered.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_

### CLIENT DRUG TESTING INSTRUCTIONS:

- Must have Photo Identification to test.
- Bring cash, a personal check or money order to pay for your test.
- Your test will be staff monitored.
- Allow yourself at least thirty minutes to complete your test. The drug test unit is open 8:30 am to 4:30 pm. Mon- Fri. **Community Corrections is closed every Friday from 12:00pm to 1:00pm.** To avoid waiting, it is best to come earlier in the day – afternoons are busiest.
- Do not eat, drink or have anything in your mouth for at least 15 minutes prior to testing.
- Do not drink excessive water, tea, or other fluids on the day of your test. **Your sample will be tested for dilution and rejected as a tamper if you are abnormally hydrated.**

### DIRECTIONS:

- **From the North or South:** Take US 23 to Exit # 37-A (Ypsilanti), Turn left (North) at the first light (Carpenter / Hogback); the jail drive is on the right.
- **From the East or West:** Take I-94 to Exit # 180-B (US 23 North), Follow US 23 to Exit # 37-B (Ypsilanti); turn left (North) at the first light (Carpenter / Hogback); the jail drive is on the right.

**IMPORTANT: If this box is checked, you have been assigned to the Drug & Alcohol Random Test (DART) Program.**

- Call (734) 973-4605 **DAILY** for pre-recorded test instructions.
- You will be assigned letter(s) or number(s) indicated below by your probation agent or the Community Corrections Drug Unit Coordinator. The recorded message will tell you what letters and numbers are scheduled to test that day.
- If your number or letter is selected, you have until 4:30 pm on that day to report to Community Corrections for testing.
- The drug test message changes at 7:00 pm daily. You can learn the number or letter for the following day by calling the Random Test Line after 7:00 pm.

Test **TWICE** per **WEEK**, you will be assigned either  
[ ] Any ODD Number [ ] Any EVEN Number

Test **ONCE** per **WEEK**, you will be assigned the Number  
[ ] 1 [ ] 2 [ ] 3 [ ] 4

Test **TWICE** per **MONTH**, you will be assigned the first Letter of your first and last name \_\_\_\_ & \_\_\_\_

Test **ONCE** per **MONTH**, you will be assigned the first Letter of your last name \_\_\_\_

Your test results will be reported by fax to your supervising court officer. If you miss your test date by failing to make calls daily, or by failing to report, this is a violation of program rules and will be reported. You will not be allowed to test on any day other than your scheduled random day.

**There are not coats, bags or purses permitted past the secured doors. We are not responsible for lost or stolen items that are brought into this department.**



Insert picture here if available.