

DALLAS COUNTY DEPARTMENT OF CRIMINAL JUSTICE

DRUG AND ALCOHOL TESTING REQUEST FORM

TESTING PERFORMED BY:

SENTINEL OFFENDER SERVICES

Located at: Frank Crowley Courts Building 4<sup>th</sup> Floor Auxiliary Court 3

Phone: 214-741-6045

Email: sentineldallas@sentrak.com

CAUSE NUMBER: \_\_\_\_\_ DEFENDANT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: \_\_\_ Male \_\_\_ Female

DEFENDANT PHONE NUMBER: \_\_\_\_\_

Defendant must submit to testing by: \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

ONE TIME TESTING:

ONGOING RANDOM TESTING PROGRAM: (please circle one)

- DRUG SCREEN (\$20.00)
- ALCOHOL TEST- URINE (\$25.00)
- K2/SPICE TEST- URINE (\$45.00)
- ALCOHOL & DRUG (\$45.00)

- DRUG SCREEN (\$20.00) weekly biweekly monthly
- ALCOHOL TEST- URINE (\$25.00) weekly biweekly monthly
- ALCOHOL & DRUG (\$45.00) \_\_\_ weekly biweekly monthly
- K2/SPICE TEST- URINE (\$45.00) weekly biweekly monthly

Judge/Authorizing Authority's Signature: \_\_\_\_\_ (print): Manny Haddad

Court: \_\_\_\_\_ Phone Number: (469) 844-0008 Date: \_\_\_\_\_

Send Reports to: Manny Haddad

E-mail: Attorney@mannyhaddadlaw.com

I, \_\_\_\_\_, agree to abide by the terms and conditions of the Dallas County Department of Criminal Justice Drug and Alcohol Testing Program.

Defendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sentinel Accepts: Cash, Money Order,  
Debit/Credit Cards

**DRUG TESTING PROGRAM**