

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 \$11

Alcohol \$5 / ETG \$15

Drugs \$10

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:
- 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.
  - 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.**
  - If, I do not comply with any and all conditions, I am aware the Court will be notified immediately.
  - 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

Date

Clarkston  
6480 Citation Dr.  
Lower Level  
PH: 248-922-9211  
Fax: 248-922-9277

Rochester  
745 Barclay Circle  
Suite 325  
PH: 248-844-9693  
Fax: 248-844-9695

Oxford  
834 S. Lapeer Rd.  
Suite B  
PH: 248-236-2550  
Fax: 248-236-2551

Madison Heights  
30815 John R  
PH: 248-307-1170  
Fax: 248-307-1175