



Day Report Referral Sheet

Court Information

COURT: _____

JUDGE: _____

PROB. OFFICER: _____

PHONE: _____

Case Information

CASE #: _____

CHARGE: _____

BEGIN DATE: _____

END DATE: _____

Offender Information

OFFENDER: _____

GENDER: _____

ADDRESS: _____

SS#: _____

DATE OF BIRTH: _____

PHONE: _____

DL or STATE ID # _____

Testing Information

5-panel Drug Test - \$10.00 12-Panel Drug Test - \$20.00 EtG Test - \$15.00 PBT - \$2.00

• DRUG TESTING: _____ times per week / month Report Times: _____

• ETG TESTING: _____ times per week / month Report Times: _____

• PBT: _____ times per day / week Report Times: _____

• Special Instructions:

Date: _____

_____ Defendant