

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, DOMESTIC RELATIONS DIVISION

IN RE: [ ] Marriage [ ] Civil Union [ ] Legal Separation [ ] Allocation of Parental Responsibilities
[ ] Visitation (Non-Parent) [ ] Support [ ] Parentage of:

Petitioner
and
Respondent

No.:
Calendar:
[ ] Pre-Judgment
[ ] Post-Judgment

ORDER FOR ENROLLMENT IN DRUG AND/OR ALCOHOL TESTING PROGRAM

This cause coming on Petitioner's/Respondent's Motion for Urine Drug/Evidentiary Breath Alcohol or Hair Follicle Analysis pursuant to Illinois Supreme Court Rule 215(a), and the Court finding that Petitioner's/Respondent's mental and physical condition is at issue; Petitioner/Respondent has presented, by affidavit and/or direct testimony, evidence that indicates potential drug and/or alcohol use on the part of , which if true, poses a threat to the health, safety, and/or welfare of the parties' child(ren).

IT IS HEREBY ORDERED that:

- 1. (Name of Company) (Address) (Telephone) is appointed as examiner for drug and alcohol testing.
2. Petitioner/Respondent is/are hereby ordered to contact the office of the examiner within 24 hours to enroll in a program of random drug and/or alcohol testing.
3. Petitioner/Respondent shall provide the examiner with his or her work schedule(s) and location(s) of employment, and his or her address(es) and telephone number(s) for work and home.
4. The examiner shall conduct Urine Drug/Evidentiary Breath Alcohol or Hair Follicle Analysis over the next months/weeks.
5. The type of test to be performed (Select one or more):
[ ] URINE DRUG/EVIDENTIARY BREATH ALCOHOL [ ] HAIR FOLLICLE ANALYSIS.
6. FAILURE by Petitioner/Respondent to come in for testing within two (2) hours of the examiner's contacting him or her will result in a POSITIVE test result, except for good cause shown.
7. Petitioner's/Respondent's attorney(s) will be responsible for contacting the examiner and shall mail or fax this order to the examiner within 24 hours from the date it is entered.
8. The attorneys for the Petitioner/Respondent and child(ren) shall provide the examiner with facsimile number(s) to which results of each test shall be forwarded.
9. This cause is set for status on at in room to review the progress of the drug/alcohol analysis.

Atty. No.:
Name:
Atty. for:
Address:
City/State/Zip Code:
Telephone:
Primary Email:
Secondary Email:
Other Email:

ENTERED:

Dated:

Judge Judge's No.