



Office of the  
**Madison County Problem-Solving Courts**  
 Madison County Government Center  
 16 East 9<sup>th</sup> Street Room 403  
 Anderson, IN 46016  
 (765) 608-9716

*A cooperative effort between the Madison County Unified Courts, the Prosecutor's Office, the Department of Adult Probation, the Public Defender Board, the Community Justice Center and ASPIRE Indiana*

**PROBLEM-SOLVING COURTS URINALYSIS REPORT**

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**CHECK AND INITIAL APPROPRIATE BOX BELOW:**

This specimen is being tested for addictive and mood altering chemicals.

I HAVE NOT taken any prescription medication, alcohol, over-the-counter drug, or illegal drug within the days prior to this date.

In the 3 days prior to today, I took \_\_\_\_\_  
 \_\_\_\_\_  
 as prescribed for me by: \_\_\_\_\_  
 \_\_\_\_\_ Physician's Name

In producing this urine specimen, I certify that:

- 1) I do not have on my person nor am I using any other urine or device which will cause the substitution of another's urine for my own.
- 2) I have not taken any substance or excessive fluids which will cause a change in my urine for the purpose of avoiding the detection of use of illegal drugs.
- 3) I have not altered in any way the sample submitted for urine on this date.

I certify that the above information is true, and I understand that giving false or misleading information constitutes a violation of Problem Solving Court rules.

\_\_\_\_\_  
 Signature

Specimen collected at: \_\_\_\_\_ Monitored by: \_\_\_\_\_

Drug tested: \_\_\_\_\_ Result: \_\_\_\_\_  
 \_\_\_\_\_

Hon. Thomas Newman, Jr.  
 Judge

Christopher T. Lanane, BS  
 Coordinator

David E. Alger, BS, JD  
 Public Defender

Tanisha Grooms, BS, JD  
 Deputy Prosecutor

Katie Stapleton, BS  
 Probation Officer

Bill Arnold, AA  
 Case Manager

Katie McCoy, BA  
 Case Manager

Devon Burris, BS  
 Case Manager

Melissa Reyes, BA  
 Case Manager

Carol Buckner  
 Court Reporter

## POSITIVE DRUG TEST STATEMENT

I, \_\_\_\_\_ understand that I have received a positive urinalysis  
drug test for \_\_\_\_\_ on \_\_\_\_\_  
Drug Date

\_\_\_\_\_ I do hereby waive my option of a confirmation test and accept the positive  
result of the initial screen. I recognize that this acceptance constitutes a full  
confession of drug use during the period covered by the specimen.

\_\_\_\_\_ I do hereby request a confirmation test of the specimen which yielded the above  
positive result. I will pay the cost of the confirmation test.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## POSITIVE PORTABLE BREATH TEST (PBT) STATEMENT

I, \_\_\_\_\_, understand that I have tested positive on a portable breath  
test (PBT) on \_\_\_\_\_  
Date

\_\_\_\_\_  
Test 1

\_\_\_\_\_  
Time

\_\_\_\_\_  
Test 2

\_\_\_\_\_  
Time

\_\_\_\_\_  
Test 3

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

## LAB ANALYSIS STATEMENT

The urine drug screen that was collected on \_\_\_\_\_ to be sent to the lab for analysis was  
requested by the Problem Solving Court staff.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date