

Times Attempted

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DALLAS COUNTY DEPARTMENT OF PRETRIAL SERVICES

DRUG AND ALCOHOL TESTING FORM

TESTING PERFORMED BY:

SENTINEL OFFENDER SERVICES

Must have valid DL/ID/  
Passport

or

AIS photo/ Mug shot  
Profile

LOCATED AT: FRANK CROWLEY COURTS BUILDING 4<sup>TH</sup> FLOOR AUXILLIARY COURT 3

PHONE: 214-741-6045

EMAIL:sentinedallas@sentrak.com

CAUSE NUMBER (F / M) \_\_\_\_\_ DEFENDANT NAME: \_\_\_\_\_

OFFENSE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER: \_\_\_M\_\_\_F

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

DEFENDANT MUST SUBMIT TO TESTING BY: \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

ONE TIME TESTING:

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

ONGOING RANDOM TESTING PROGRAM: (PLEASE CIRCLE ONE)

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

Authorizing Signature: \_\_\_\_\_ (print): \_\_\_\_\_

Court: \_\_\_\_\_ Bar Number: \_\_\_\_\_

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

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

Identification	Arrest	Arrest	Book-In	Magistrate	Warrants	Arrest	Counts	Pre-Trial Ref.
Dist. Attorney	Prosecutor	Defendant	Divert Court	Court				
Adult Identification Information				Audit Trail		Status		
AIS Number	DPS/SHD Number	LAI Number	FBI Number					
True Last Name	Suffix	True First Name	Middle Name					
Date of Birth	Current Age	Height	Weight					
Photo	Fingerprints	In Dallas Jail Before	Native Language					
Unavailable	Unavailable	NO						
Race	Sex	Ethnicity	Skin Tone					

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

**DRUG TESTING PROGRAM**