



**SPOKANE COUNTY DUI THERAPEUTIC COURT  
PARTICIPANT TESTING CONTRACT**

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Instructions: Read each of the following statements and write your initials on the line next to them to indicate that you understand. Once completed, turn this form in to your Probation Officer.

\_\_\_\_\_ I understand I will be tested for the presence of alcohol/drugs in my system on a random basis according to the procedures established by the DUI Court Team and/or my treatment provider.

\_\_\_\_\_ I understand that drug/alcohol testing may be performed on weekends and holidays in addition to weekdays.

\_\_\_\_\_ I understand that I will be given a location and time to report for my drug/alcohol test.

\_\_\_\_\_ I understand that I will be assigned a pin number by my assigned testing agency, and I will be required to call in for testing and test on the same day that number is called.

\_\_\_\_\_ I understand that it is my responsibility to report to the assigned location at the time given for the test.

\_\_\_\_\_ I understand that the collection of my urine specimen will be observed by a trained and experienced staff member of the assigned testing agency. The observer will be of the same gender as me.

\_\_\_\_\_ I understand that if I miss a random test, it will be considered a program violation, and I may be sanctioned by the court.

\_\_\_\_\_ I understand that if I fail to provide a urine specimen or if the specimen I provided is not of sufficient quantity, it will be considered a program violation, and I may be sanctioned.

\_\_\_\_\_ I understand that if I produce an abnormal urine specimen it will be considered a program violation and I may be sanctioned.

\_\_\_\_\_ I understand that I have been informed that the ingestion of excessive amounts of fluids can result in a diluted urine specimen and I understand that my urine specimen will be tested to ensure the specimen is not diluted.

\_\_\_\_\_ I understand that substituting or altering my urine specimen in any way for the purpose of changing the testing results will be considered a program violation and may be grounds for immediate termination from the DUI Court.

\_\_\_\_\_ I understand it is my responsibility to limit and avoid exposure to products and substances that contain ethyl alcohol.

\_\_\_\_\_ I understand it is my responsibility to read product labels to know what is contained within and to inspect the products before use.

\_\_\_\_\_ I understand that some mouth washes (for example Listerine, Cepacol) contain ethyl alcohol and can result in a positive test for alcohol because they contain a significant amount of alcohol in them.

\_\_\_\_\_ I understand that the use of medications containing alcohol is prohibited (for example Nyquil).

\_\_\_\_\_ I understand that nutritional supplements and herbal dietary aids can contain alcohol cannot be consumed.

\_\_\_\_\_ I understand that some non-alcoholic beer and wines can contain enough alcohol to result in a positive test and that I am prohibited from consuming these products.

\_\_\_\_\_ I understand that I am not allowed to use marijuana or any of its biproducts including but not limited to edibles, lotions, oils.

\_\_\_\_\_ I understand that I should never use someone else's vape pen.

\_\_\_\_\_ I understand that I will only take medication that is prescribed to me. I will only take my medication as prescribed and will provide probation documentation of all prescriptions.

\_\_\_\_\_ I understand that poppy seeds and flavoring extracts (for example vanilla, almond extract) can result in a positive test. Some desserts, especially flamed desserts, are prepared with large amounts of alcohol and can cause a positive test. Chocolates containing liquid filling can contain alcohol.

\_\_\_\_\_ I understand that breathing alcohol vapor can cause a positive test. I will avoid breathing in fumes of products containing alcohol such as alcohol-based hand sanitizer, perfumes, colognes, bug sprays or other chemicals such as paint lacquers, solvents, and gasoline.

\_\_\_\_\_ I understand I may be instructed to complete additional tests including, but not limited to saliva, breath, electronic monitoring, home breath testing.

\_\_\_\_\_ I understand I may be responsible for paying for any additional testing following a no show or before or after court approved travel.

\_\_\_\_\_ I understand I am expected to comply with the testing policies and procedures established by the collection agency I attend.

\_\_\_\_\_ I have read or have had read to me and understand my responsibilities detailed above.

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Name (Print)

Signature

Date