

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
LAKE COUNTY, ILLINOIS**

IN RE THE MARRIAGE/PARENTAGE OF: _____)
_____)
_____)
_____)
_____)
_____)
_____)

Gen No. _____

ORDER FOR DRUG TESTING

The following named individual is ordered to submit drug testing at the **Lake County Adult Probation Department** located at 215 W. Water Street, Waukegan, Illinois, 60085 immediately after this court appearance.

Name: _____ D.O.B: _____

1. The above named individual is to be tested for:

- PCP
- THC (marijuana)
- Cocaine
- Opiates
- Barbiturates
- Amphetamines
- Breathalyzer (for alcohol)
- Other: _____
- Single Test Panel (THC, Cocaine, Opiates) – Cost: \$25.00
- Series of four (4) Tests per month for a period of: _____ months (THC, Cocaine, Opiates) - Cost: \$75.00 per month
- As a flat fee of \$_____ per test as set by court

2. Provide the results to the Court of:

Judge: _____ Courtroom: _____ by: _____, 20 ____ .

3. Additional Instructions:

Dated at Waukegan, Illinois this

Enter:

_____ day of _____, 20 ____

JUDGE