

Family Law Court Order/Mediation Agreement

Sign & forwarded to fax (727) 538-0387 or info@tampabaymonitoring.com

It is hereby ordered that _____
(monitored client) will participate in the **Soberlink** monitoring under the following conditions:

____ Daily Testing (minimum 4 times a day ____ specific hours _____)
____ Standard protocol: at rising, lunchtime, dinner & bedtime
____ additional random testing (specify):

Parenting/Visitation:

____ Pre-visit test with advanced notice of testing to **Tampa Bay Monitoring**
____ Standard protocol ____ Random testing

Names of authorized parties to receive consumption/tamper alerts and standard reports during the monitoring period:

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Name: _____ Phone: _____

Email: _____

Party/Parties responsible for device and monitoring fees:

Ordered by: _____

Judge

Date

Agreed upon by: _____

Concerned Party

Date

Agreed upon by: _____

Monitored Client

Date

Tampa Bay Monitoring
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