

# Family Law Court Order/Mediation Agreement

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

It is hereby ordered that \_\_\_\_\_  
(monitored client) will participate in the **BI SL2** 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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