



## Family Law Court Order/Mediation Agreement

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

It is hereby ordered that \_\_\_\_\_  
(monitored client) will participate in CheckBAC alcohol monitoring under the following conditions:  
\_\_\_\_ Standard Testing Protocol for Tampa Bay Monitoring (A minimum of 4 tests submitted every  
day)

\_\_\_\_ Additional testing conditions (please specify below or attach to this agreement form)

Note: If the parent is to only be monitored when they have custody of the child, a copy of the parents sharing  
schedule should be provided to **Tampa Bay Monitoring**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

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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