



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 alcohol monitoring under the following conditions:

___ Daily Testing (minimum 4 times a day ___ specific hours _____)

___ Standard protocol: at rising, lunchtime, dinner & bedtime

___ Pre-visit test with advanced notice of testing to **Tampa Bay Monitoring**

___ Additional random testing (specify):

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: _____

Agreed upon by: _____ Concerned Party _____ Date _____
Monitored Client _____ Date _____

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