

Twenty-Third Judicial Circuit
DeKalb County Court Services
200 N. Main Street
Sycamore, IL 60178
Phone: 815-895-7199
Fax: 815-895-1642



DeKalb County Urinalysis Conditions Form

I, _____, understand that I have been court ordered to submit to random urine screens as a condition of my Probation/Supervision. I agree to the following terms:

- 1) I must bring a photo ID every time I report for urinalysis.
- 2) I understand that I am required to report any change of my contact information to the Probation Department within 48 hours of that change occurring.
- 3) I must come to each appointment or scheduled time prepared to submit a urine drop. I will be given one chance to submit a sample of my urine when called upon to do so.
- 4) I must not flush my system, or use anything that could alter or flush my system as it will result in a diluted sample, which could be considered a positive urinalysis.
- 5) I understand that all urine drops are subject to be observed by a member of the same gender to ensure that the sample I provide is my urine and it has not been tampered with.
- 6) I understand that it is a Class 4 Felony to alter my drug test in any way and any alteration could be reported to the police and the State's Attorney's Office, which could result in prosecution.
- 7) I understand that failure of or refusal to submit to such testing or tampering with a urine sample shall be considered the same as a positive test.
- 8) I understand that any positive urinalysis test result could lead to revocation of my case, which could lead to additional consequences as set forth by the court.

Probationer Signature

Date

Parent Signature (if needed)

Date

Probation Officer Signature

Date