

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
DOMESTIC RELATIONS DIVISION**

GENERAL ORDER: 05 D 4

**SUBJECT: FORM FOR ORDER FOR ENROLLMENT IN DRUG AND/OR ALCOHOL
TESTING PROGRAM**

IT IS HEREBY ORDERED THAT:

Effective February 22, 2005, the following form for Order for Enrollment in Drug and/or Alcohol Testing Program for use in the Domestic Relations Division and shall be furnished by the Clerk of the Circuit Court to the Bar and the general public in limited amounts. Any word-processor form consistent with and in the form of this Order for Enrollment in Drug and/or Alcohol Testing Program is acceptable.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, DOMESTIC RELATIONS DIVISION

- re: [] Marriage [] Custody
[] Visitation [] Parentage of

Petitioner
v.

Respondent

} No. Calendar _____
[] Pre-Judgment
[] Post-Judgment

ORDER FOR ENROLLMENT IN DRUG AND/OR ALCOHOL TESTING PROGRAM

This cause coming on Petitioner's/Respondent's Motion for Urine Drug/Evidentiary Breath Alcohol or Hair Follicle Analysis pursuant to Illinois Supreme Court Rule 215(a), and the Court finding that Petitioner's/Respondent's mental and physical condition is at issue; Petitioner/Respondent has presented, by affidavit and/or direct testimony, evidence that indicates potential drug and/or alcohol use on the part of _____, which if true, poses a threat to the health, safety, and/or welfare of the parties' child(ren).

IT IS HEREBY ORDERED that:

- 1. _____ (Name of Company) _____ (Address) _____ (Telephone) is appointed as examiner for drug and alcohol testing.
2. Petitioner/Respondent is/are hereby ordered to contact the office of the examiner within 24 hours to enroll in a program of random drug and/or alcohol testing.
3. Petitioner/Respondent shall provide the examiner with his or her work schedule(s) and location(s) of employment, and his or her address(es) and telephone number(s) for work and home. In the event that either party is scheduled to be further than thirty (30) miles away from his or her home(s) or place(s) of employment, he or she must notify the examiner no later than thirty six (36) hours prior to departure.
4. The examiner shall conduct _____ Urine Drug/Evidentiary Breath Alcohol or Hair Follicle Analysis over the next _____ months/weeks.
5. The type of test to be performed (Select one or more):
[] URINE DRUG/EVIDENTIARY BREATH ALCOHOL [] HAIR FOLLICLE ANALYSIS.
6. FAILURE by Petitioner/Respondent to come in for testing within two (2) hours of the examiner's contacting him or her will result in a POSITIVE test result, except for good cause shown.
7. Petitioner's/Respondent's attorney(s) will be responsible for contacting the examiner and shall mail or fax this order to the examiner within 24 hours from the date it is entered.
8. The attorneys for the Petitioner/Respondent and child(ren) shall provide the examiner with facsimile number(s) to which results of each test shall be forwarded.
9. This cause is set for status on _____, _____ at _____ in Room _____ to review the progress of the drug/alcohol analyses.

Prepared by:

Atty. No.: _____
Atty. Name: _____
Atty. for: _____
Address: _____
City/State/Zip: _____
Telephone: _____

ENTERED: _____
Date: _____

Judge _____ Judge's No. _____

Dated the 13th day of January, 2005. Effective February 22, 2005. This Order shall be spread upon the records of this court and published.

ENTERED:



MOSHE JACOBUS
PRESIDING JUDGE
DOMESTIC RELATIONS DIVISION