****THIS IS NOT A SUBSTITUTE FOR THE ADVICE OF AN ATTORNEY****

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA**

Cause No. _____

| | | |
|---|---|---|
| _____ | § | In the *(check one)*: |
| _____ | § | ☐ _____ District Court |
| _____ | § | |
| _____ | § | ☐ County Court at Law No. ____ |
| _____ | § | |
| | § | _____ County, Texas |

# Motion for Drug Screening

*Print your answers*
My name is:

_____
*First* *Middle* *Last*

I am the ☐Petitioner ☐Respondent in this case and request the Court order a drug screening. In support, the following is shown:

A drug screening is needed because:_____
*(detail the reasons that good cause exists for drug screening)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

I pray that the Court grant the Motion for Drug Screening.

Respectfully submitted,

_____ _____

***Your Signature*** *Date*

_____ _____

*Your Printed Name* *Phone*

_____

*Mailing Address* *City* *State* *Zip*

_____ _____

*Email Address* *Fax # (if any)*

## Notice of Hearing

The above motion is set for a hearing on the _____ day of_____, 20_____, at _____ a.m. / p.m.

The hearing will be held in the _____
*(Court)*

located at _____
*(Court's Location)*

Signed this _____ day of _____, 20_____.

_____
Judge or Clerk

## Certificate of Conference *(check one)*

☐ I certify that I telephoned the other party's attorney or the other party (if the other party does not have an attorney), three times, but my phone calls were never returned. Therefore, we were not able to reach an agreement.

☐ I certify that I telephoned the other party's attorney or the other party (if the other party does not have an attorney) and we were not able to reach an agreement.

▶ _____ _____

*Signature* *Date*

## Certificate of Service

I certify that I delivered a copy of this document to each party in this case, or if a party is represented by a lawyer to the party's lawyer, by: *(Check one or more)*

☐ Hand delivery to the other party _____

☐ Hand delivery to the other party's lawyer _____

☐ Email to this email address _____

☐ Regular mail to this address:_____

_____

☐ Certified mail to this address: _____

_____

☐ Commercial delivery service (for example FedEx) to this address: _____

_____

☐ Fax to fax #:_____

▶ _____ _____

*Signature* *Date*

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| _____ | § | In the *(check one)*: |
| _____ | § | ☐ _____ District Court |
| _____ | § | |
| _____ | § | ☐ County Court at Law No. ____ |
| _____ | § | |
| | § | _____ County, Texas |

# Order on Motion for Drug Screening

On _____ the Court considered the Motion for Drug
*(date)*
Screening submitted by _____.
*(name of party who filed the motion)*

The Court finds that _____ has abused controlled
*(name of party to be screened)*
substances in the past and it is in the best interest of the child[ren] that a spontaneous drug screening be administered to _____.
*(name of party to be screened)*

IT IS THEREFORE ORDERED that: _____
*(name of party to be screened)*
shall submit to a spontaneous drug screening within forty-eight (48) hours after a request has been made. The drug screening shall be administered at the following location: _____
*(name and address of laboratory)*

_____

and must comply fully with all instructions from the drug testing facility.

IT IS ORDERED that the drug testing facility shall provide copies of all test results to the Court and to all counsel of record.

IT IS ORDERED that the costs of the drug screenings shall be paid by

_____.
*(name of party)*

IT IS FURTHER ORDERED that _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNED on _____.

_____
JUDGE PRESIDING