

**AUTHORIZATION FOR CONSENSUAL  
SUBSTANCE ABUSE TESTING  
AND ASSESSMENT**

JD-JM-207 New 4-13

STATE OF CONNECTICUT  
**JUDICIAL BRANCH**  
COURT SUPPORT SERVICES DIVISION  
JUVENILE PROBATION SERVICES  
[www.jud.ct.gov](http://www.jud.ct.gov)

Address of Court	Docket number
Name of child	Date of birth
Probation officer	

I, \_\_\_\_\_ agree to take part in substance abuse testing  
(Name)  
and evaluation if needed as arranged by the court. My parent or guardian is with me as I agree to this testing and evaluation and they consent, too. I also have had the advice of an attorney before agreeing.

I understand that any information disclosed during the testing and/or the results of such testing are confidential and can be used only to determine if I am now using drugs or alcohol or to enforce the conditions of my supervision.

This authorization is good for no more than 90 days from the date signed and can be cancelled in writing before that date by writing to:

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Child's signature	Date	
Parent or Guardian's name	Parent or Guardian's signature	Date
Attorney's name	Attorney's signature	Date

**ADA NOTICE**

The Judicial Branch of the State of Connecticut complies with the Americans with Disabilities Act (ADA). If you need a reasonable accommodation in accordance with the ADA, contact a court clerk or an ADA contact person listed at [www.jud.ct.gov/ADA](http://www.jud.ct.gov/ADA).