

Admittance of Positive Screen

I, _____, admit to having used
_____ on _____, 20_____.

I understand that this is an illicit/unapproved substance that is not permitted as a participant in the Cherokee County Treatment Accountability Court. I accept responsibility and any sanction that may be incurred.

I understand that I have the right to challenge the screen and request additional testing of the same specimen, at my own expense. However, I waive this right and accept the sanction that comes with using drugs while a participant in the drug court program.

Participant

Date

Printed Name

Witness

Date