

FORM U - 1

Vs. No. _____ Div. _____ HO _____ : FOURTEENTH JUDICIAL DISTRICT COURT

: PARISH OF CALCASIEU

: STATE OF LOUISIANA

FILED : _____
DEPUTY CLERK OF COURT

ORDER FOR SUBSTANCE ABUSE TESTING

This matter was before the Hearing Officer/Court on the _____ day
of _____, 20_____.

Considering the:

- _____ Stipulation of the parties, and/or
- _____ The evidence submitted to the court on a hearing for _____
filed by _____,

IT IS HEREBY ORDERED that the professional(s) appointed be and they are hereby declared to be the expert of the Court and they are to provide assistance in this litigation as indicated below.

TO: _____

- **YOU ARE ORDERED TO REPORT TO THE BELOW TESTING FACILITY ON OR BEFORE:**

_____, **TO PROVIDE THE SAMPLES INDICATED BELOW. YOUR FAILURE TO PROVIDE SAMPLES WITHIN THE TIME LIMITS ESTABLISHED IN THIS ORDER SHALL CAUSE A PRESUMPTION THAT HAD THE SAMPLES BEEN GIVEN TIMELY, THE RESULTS WOULD HAVE INDICATED POSITIVE FOR THE SUBSTANCE(S) TO BE TESTED.**
- **YOU ARE ORDERED TO SIGN A WAIVER AT THE TESTING FACILITY ALLOWING THE FACILITY TO SEND A COPY OF THE RESULTS TO THE PERSONS LISTED AT THE END OF THIS DOCUMENT.**

The costs of this testing shall be paid by _____⁴

Plaintiff _____ %
Defendant _____ %

The testing facility is ordered to provide results of the testing to this Honorable Court and persons/attorneys listed at the end of this document.

TESTING FACILITY:

- _____ A. Iles Medical Testing
226 W. Prien Lake Road
Suite 2
Lake Charles, LA 70601
CONTACT - DOROTHY ILES
Facsimile 337-562-8985
- _____ B. Test Express, LLC
Capital One Tower
One Lakeshore Drive
Suite 1520
Lake Charles, LA 70629
(337) 497-0086
CONTACT - JUANITA FONTENOT
Facsimile no. (337) 436-1351

SAMPLE(s) TO BE PROVIDED:

- _____ Urine
- _____ Blood
- _____ Hair (from any site on the body)
THE FACILITY ORDERED TO RECEIVE HAIR FOR TESTING HAS THE AUTHORITY TO TAKE FINGERNAIL AND/OR CUTICLE SAMPLES IF THERE IS INSUFFICIENT HAIR TO PROVIDE A SUFFICIENT SAMPLE.
- _____ Cuticle
- _____ Saliva

TEST(s) TO BE ADMINISTERED:

- _____ ALCOHOL (This includes the PETH test).
- _____ DRUG: 5 panel
- _____ DRUG: 5 panel with extended opiates (including barbituates and benzodiazepines)
- _____ DRUG: steroid panel (can only be done by urine or blood)
- _____ OTHER:

⁴ This Honorable Court reserves the right to reassess the costs at any appropriate time.

NOTE TO TESTING FACILITY: PROVIDE THE RESULTS OF TESTING TO

1. The Honorable _____ by facsimile transmission to (337) 437-3390;
2. _____ (counsel for Plaintiff) by facsimile transmission to number _____.
3. _____ (counsel for Defendant) by facsimile transmission to number _____.

IT IS ORDERED that no attorney or party or participant is to provide information/communicate with the professional(s) involved without providing a copy to all parties unless all parties are included; this provision does not prohibit communications to determine 1.) cost/payment, 2.) if results have been received, 3.) appearance/nonappearance of party ordered to appear. Should the professional(s) find it is necessary to seek information from any party, he/she is to notify all parties of that fact.

IT IS FURTHER ORDERED

that _____

_____.

THUS DONE AND SIGNED in Lake Charles, Louisiana, this _____ day of _____, 20_____.

JUDGE, 14TH JUDICIAL DISTRICT COURT

Receipt of Service Acknowledged:

Counsel for Plaintiff

Counsel for Defendant

Counsel for Child(ren)

PLEASE SERVE:

CERTIFICATE OF SERVICE

I _____ hereby certify that I have transmitted this document to the test facility on this _____ day of _____, 20____; a copy of the transmission report is attached hereto.

COURT PERSONNEL

**PLACE FACSIMILE TRANSMISSION HERE FOR
“ORDER FOR SUBSTANCE ABUSE TESTING”**