

To:

From:

#### 15<sup>TH</sup> JUDICIAL DISTRICT SOBRIETY COURT PRELIMINARY BREATH TEST ORDER

HONORABLE JUDGE JOSEPH F. BURKE 301 East Huron, P.O. Box 8650 Ann Arbor, MI 48107 15<sup>TH</sup> Judicial District Probation Department 301 E. Huron Street Ann Arbor, MI 48104 734.323.4707 Office / 734.794.6762 Fax jbabycz@a2gov.org

## \*ATTENTION: FAX EVERY FRIDAY to: (734) 794-6754\*

Ann Arbor Police Department / Law Enforcement Agency / Drug Testing Provider / or Treatment Provider

By 4:30 PM

Sobriety Court Probation Officer Jennifer Babycz (734) 323-4707

| Re: Preliminary Breath Test (PBT) Order  |                       |                                     |  |                                    |  |  |  |  |  |
|--|-----------------------|-------------------------------------|--|------------------------------------|--|--|--|--|--|
|  |                       | PERFORMING THE PINAVAILABLE ON THIS | BT TEST PLEASE REQUIRE<br>S FORM).   | A PHOTO ID TO                      |  |  |  |  |  |
| has been ordered by <u>Judge Joseph F. Burke</u> to perform <u>PBT'S</u> between <u>6 a.m.</u> and <u>9:00 a.m.</u> Monday-Friday, and between <u>6 a.m.</u> and <u>10:00 a.m.</u> on weekends and holidays at the <b>Ann Arbor Police</b> Department / Any Law Enforcement Agency / Drug Testing Provider / Treatment Provider / or Approved Agency that is Certified to Administer Preliminary Breath Tests. |                       |                                     |  |                                    |  |  |  |  |  |
|  | t to City of Ann Arbo | or Resolution R-328-8-0             | ning PBT Between 9-10:00 p<br>3 dated August 4, 2003, the<br>payment of the \$5.00 testing | 15 <sup>™</sup> District Court has |  |  |  |  |  |
| ☐ <b>FEE</b> (\$5.00 Per T<br>Provider).   | est or Price Determi  | ined By Law Enforceme               | ent Agency, Drug Testing Pro   | vider / or Treatment               |  |  |  |  |  |
| DATE   | TIME                  | PBT RESULTS                         | OFFICER SIGNATURE and ID#  | TESTING<br>LOCATION                |  |  |  |  |  |
|  |                       |                                     |  |                                    |  |  |  |  |  |
|  |                       |                                     |  |                                    |  |  |  |  |  |
|  |                       |                                     |  |                                    |  |  |  |  |  |
|  |                       |                                     |  |                                    |  |  |  |  |  |
|  |                       |                                     |  |                                    |  |  |  |  |  |
|  |                       |                                     |  |                                    |  |  |  |  |  |
|  |                       |                                     |  |                                    |  |  |  |  |  |
|  |                       |                                     |  |                                    |  |  |  |  |  |
|  |                       |                                     |  |                                    |  |  |  |  |  |
|  |                       |                                     |  |                                    |  |  |  |  |  |
|  | 1                     | ·                                   | 1  |                                    |  |  |  |  |  |

### **12-STEP MEETING ATTENDANCE SHEET**

Office: 734.794.6764 x47606 / Fax: 734.794.6754

# ATTENTION: FAX EVERY FRIDAY to (734)794-6754 By 4:30 pm.

#### Name:

|     | DATE | START<br>TIME | NAME OF GROUP | LOCATION | REPRESENTATIVE | E-MAIL/PHONE |
|-----|------|---------------|---------------|----------|----------------|--------------|
| 1.  |      |               |               |          |                |              |
| 2.  |      |               |               |          |                |              |
| 3.  |      |               |               |          |                |              |
| 4.  |      |               |               |          |                |              |
| 5.  |      |               |               |          |                |              |
| 6.  |      |               |               |          |                |              |
| 7.  |      |               |               |          |                |              |
| 8.  |      |               |               |          |                |              |
| 9.  |      |               |               |          |                |              |
| 10. |      |               |               |          |                |              |
| 11. |      |               |               |          |                |              |
| 12. |      |               |               |          |                |              |
| 13. |      |               |               |          |                |              |
| 14. |      |               |               |          |                |              |
| 15. |      |               |               |          |                |              |
| 16. |      |               |               |          |                |              |
| 17. |      |               |               |          |                |              |
| 18. |      |               |               |          |                |              |
| 19. |      |               |               |          |                |              |
| 20. |      |               |               |          |                |              |
| 21. |      |               |               |          |                |              |
| 22. |      |               |               |          |                |              |
| 23. |      |               |               |          |                |              |
| 24. |      |               |               |          |                |              |
| 25. |      |               |               |          |                |              |