

APSS Jail Alternatives Program

All Purpose Screening Services
17211 Mack Ave Detroit, MI. 48224
Office 313.432.0194 Fax 313.432.0310
allpurpose2008@gmail.com

Monday thru Friday 8:40 am – 4:40 pm
Saturday 8:40 am – 12:40 pm
Sunday By Set Time

Defendant's Name		Defendant's Address	
Probation Officer / Agents Name		Defendant's Phone Number	
Court	Probation Fax No. / Email	Current Offense	Case Number

Please specify the **date to begin program**: _____

Duration (Term of Testing) End of Probation: _____

Other comments: _____

Check Desired Testing:

PBT alcohol only \$5.00 per visit

Drug only 5 Panel \$16.00 per visit

Drug only 8 Panel \$19.00 per visit

Drug only 12 panel \$21.00 per visit

Drug 5 panel & PBT \$20.00 per visit

Drug 8 panel & PBT \$22.00 per visit

ETG / Alcohol \$36.00 per visit

One time test drug 5 panel \$20.00

One time test drug 5 Panel & PBT \$25.00

Sentencing Options:

Daily

Random at least ____x per week

Random at least ____x per month

Weekends

Holiday ETG day after holiday

Other _____

I AGREE:

1. I must Report to APSS on or before Start date and bring the **\$ 30.00** initial intake fee.

*** One Time Only Drug Tests will Not be Charged the Intake Fee. ***

2. I understand that the court has sentenced me to this program Instead of Jail. Only if I fulfill all the conditions. If I do not comply with the conditions, the court will be notified.

I, _____ Hereby authorize A.P.S.S. to release information to person / and or referring agency and to receive information from referring agency, and when necessary.

Signed by Client: _____ Date: _____