

IN THE CIRCUIT COURT OF St. Louis



STATE OF MISSOURI

Angela Freier
Petitioner/Plaintiff,
vs.

Cause No. 1486 - DR 020174

Div. No. 31

Jared S. Jolly
Respondent/Defendant

FILED
FEB 05 2020

JOAN M. GILMER
CIRCUIT CLERK, ST. LOUIS COUNTY

ORDER FOR TESTING

It is hereby ordered that:

- Petitioner/Plaintiff Angela Freier
- Respondent/Defendant _____
- Other _____

Shall have testing conducted at: Asure Test, Inc.
 2101 Collier Corporate Parkway
 St. Charles, MO 63303
 Phone: 636-916-0050
 Fax: 636-916-5471

Hours of Collection: M-F 9:00 am to 4:00 pm
(on-site and after hours available by special appointment)

A picture ID is required at the time of collection

Asure Test, Inc. is hereby ordered to release the results and other information, if requested, concerning the testing of the above named individual(s) to the parties listed below or their agents regardless of whether the aforesaid individual(s) authorize or do not authorize Asure Test, Inc. to do so. Results shall be faxed and /or sent by regular mail unless otherwise indicated.

<u>Venus Jackson</u>	<u>582 Kathleen Shaul</u>	<u>Denny Jacko</u>
<u>754 Olive Blvd</u>	<u>710 Carondelet St</u>	<u>124 Gay Avenue</u>
<u>St. Louis MO 63130</u>	<u>St. Louis MO 63105</u>	<u>Clayton MO. 63105</u>
Phone: <u>314-721-7230</u>	Phone: <u>314-963-9955</u>	Phone: <u>314-721-0082</u>

Please indicate which method you wish to receive results:

<input type="checkbox"/> Faxed	<input checked="" type="checkbox"/> Emailed	<input type="checkbox"/> Mailed	<input type="checkbox"/> Faxed	<input checked="" type="checkbox"/> Emailed	<input type="checkbox"/> Mailed	<input type="checkbox"/> Faxed	<input checked="" type="checkbox"/> Emailed	<input type="checkbox"/> Mailed
Fax: _____	Fax: _____	Fax: <u>314-863-1500</u>	Fax: _____	Fax: _____	Fax: _____	Fax: _____	Fax: _____	Fax: _____
Email: <u>venusjackson@att.net</u>	Email: <u>KAC@kshaul.com</u>	Email: <u>denny.jacko@att.net</u>	Email: _____	Email: _____	Email: _____	Email: _____	Email: _____	Email: _____
<input type="checkbox"/> Attorney for Petitioner/Plaintiff	<input type="checkbox"/> Attorney for Petitioner/Plaintiff	<input type="checkbox"/> Attorney for Petitioner/Plaintiff	<input type="checkbox"/> Attorney for Respondent/Defendant	<input checked="" type="checkbox"/> Attorney for Respondent/Defendant	<input type="checkbox"/> Attorney for Respondent/Defendant	<input type="checkbox"/> Attorney for Respondent/Defendant	<input type="checkbox"/> Attorney for Respondent/Defendant	<input type="checkbox"/> Attorney for Respondent/Defendant
<input checked="" type="checkbox"/> GAL	<input type="checkbox"/> Other _____	<input type="checkbox"/> GAL	<input type="checkbox"/> Other _____	<input type="checkbox"/> GAL	<input type="checkbox"/> Other _____	<input type="checkbox"/> GAL	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Notes: _____

Parties shall not alter his/her hair, fingernails, or toenails in any way prior to the collection of his/her test(s).

E mail communications are not a secure method of communication, E mail that is sent to you, or by you, may be copied, accessed or otherwise intercepted by third parties by agreeing to receive e-mail communications as set forth above, you acknowledge these risks.

Payment Arrangements: Full payment shall be made prior to each specimen collection. Specimens will not be collected byASURE Test, Inc. without a full payment. Payments may be made over the phone by charge or in person.

Each party is to pay for his/her own test(s). Each party is to pay for the other party's test(s)

DNA testing Alleged Father (AF) pays Mother (M) pays Costs are split between AF and M

Other Arrangements Father to pay for mother's re-assignment to reallocation

Urine Tests Ordered:

5 Panel Drug Test 10 Panel Drug Test 10 Panel + Synthetic Opiates Drug Test
 EtG Alcohol Test (ethyl glucuronide) 5 Panel Drug Test + EtG 10 Panel Drug Test + EtG
 Observed Collection of Specimen (additional fee) (Schedule in advance to ensure a collector of the same gender can witness the collection)

Hair Tests Ordered:

5 Panel Standard **Head** Hair or 5 Panel **Head** Hair + Synthetic Opiates
(Either test detects usage 0-90 days, 30 days for every 1/2 inch)

If insufficient length of head hair (less than 1/2 inch), body hair shall be collected. If no body hair is to be collected check box

5 Panel Standard **Body** Hair or 5 Panel **Body** Hair + Synthetic Opiates

(Either test will detect usage up to 12 months)

Multiple Drug Panel **Head** Hair or **Body** Hair Test 7 9 10 12 14 15 16 17

(Please contact ASURE Test, Inc. to confirm test panel includes the drug(s) required in test.)

If insufficient length of head hair (less than 1/2 inch), body hair shall be collected. If no body hair is to be collected check box

Segmented Head Hair - Each segment is billed separately. If the length of the hair is less, the time period of detection is less.

5 Panel Standard Head Hair Test or 5 Panel Head Hair Test + Synthetic Opiates (Please select type of test and time period of segment)
 0-180 days (6 months -2 segments) 0-270 days (9 months-3 segments) 0-360 days (12 months-4 segments)

Hair can be trimmed to any length. Please specify what length hair should be trimmed to _____ inches.

(ASURE Test, Inc. will not trim hair unless it is agreed upon by all parties in a court order. Head hair must be at least 1/2 inch in length)

Fingernail/Toenail Tests Ordered - Fingernail tests detect usage an average range of 3 to 6 months; Toenail tests up to 12 months.

Fingernail Toenail Either ASURE test, Inc. will collect a fingernail test first if no selection is indicated or if "either" is selected.

Standard 5 panel Nail Test If the fingernails are not sufficient, a toenail test will be performed if possible.

Multiple Drug Panel Nail Test: 7 9 10 12 14 15 16 17

(Please contact ASURE Test, Inc. to confirm test panel includes the drug(s) required in test.)

EtG Alcohol Test (ethyl glucuronide): The EtG nail test detects alcohol usage back approx. 90 days and shows a history of multiple drinks ingested in rapid succession on more than one occasion. This test does not show occasional social drinking or whether a person consumed alcohol on any given day.

This test can only be performed by itself on fingernails and NOT in conjunction with any other test panel.

DNA Paternity Test DNA Prenatal Paternity Test

Other Test(s) Ordered:

(Any "other" test ordered should be confirmed with ASURE Test, Inc. prior to this Order to ensure test availability, detection time and current price.)

Digital Picture of Donor at time of collection: call for price

Said test(s) shall be collected by 2/5/2020 by 4:00pm at ASURE Test, Inc. (Last collection 4 pm)
(Date) (Time)

SO ORDERED,

[Signature]
Judge/Commissioner of the Court

2-5-2020
Date

[Signature] 34530
Attorney for Petitioner/Plaintiff

[Signature] 44615
Attorney for Respondent/Defendant

[Signature]
Guardian ad Litem

PLEASE FAX THIS COMPLETED COURT ORDER IMMEDIATELY TO ASURE TEST, INC. AT FAX NUMBER: 636-916-5471

This order is available in PDF Format.

