

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form OSCA 14-042-44

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of the contract the Office of State Courts Administrator and the court has with my employer.

- I have provided a completed background check, and
- I have registered with the Family Care Safety Registry (FCSR), and I have provided a copy of the results of the FCSR background screening to results OSCA/my employer.

Sandra Belew Sandra Belew July 29, 2016
Collector Printed name Signature Date

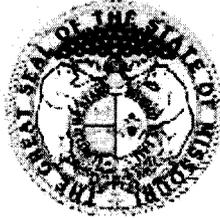
Advanced Treatment and Recovery, Inc. Sandra Belew July 29, 2016
Treatment Provider/Agency Printed Name Signature Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

[Signature] 20th 7-29-16
Drug Court Judge/Coordinator Circuit Date

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Stacey Meyer Stacey Meyer 8/1/14
Collector Printed name Signature Date

Advanced Treatment and Recovery, Inc. Sandra Belieu 8/1/14
Treatment Provider/Agency Printed Name Signature Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

Pat A. Sullivan Administrator 20th 08-02-16
Drug Court Judge/Coordinator Circuit Date

