Exhibit A

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 11-029-09

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 my contract with the Office of State Courts Administrator and the court.

☐ ***I am a commissioned law enforcement officer by the state of Missouri.***

☐ ***I understand that I will provide a copy of my POST certification to verify my law enforcement commission in the state of Missouri.***

☒ ***I am not a commissioned officer.***

☒ 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 results***

Nikki Hacker 5/31/16

Collector 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.

Trish Bell, Treatment Ct. Admin 23rd 6/7/16

Drug Court Judge/Coordinator **Circuit** **Date**