

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*

<i>Sara Porter</i>		<i>4/29/10</i>
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.*

	<i>31st</i>	<i>5-18-16</i>
Drug Court Judge/Coordinator	Circuit	Date