

**OFFICE OF STATE COURTS ADMINISTRATOR****P.O. Box 104480****2112 Industrial Drive****Jefferson City, MO 65110-4480****CONTRACT RENEWAL 002****CONTRACT: OSCA 23-01792-21****TITLE: Drug/Alcohol Testing Equipment,  
Monitoring Equipment, & Services****CONTACT: Mitchell Bonine****EMAIL: [osca.contracts@courts.mo.gov](mailto:osca.contracts@courts.mo.gov)****PHONE: (573) 522-6766****ISSUE DATE: April 14, 2025****RETURN RENEWAL NO LATER THAN: May 15, 2025**

**Proposal submission:** Proposals may be sent electronically to [osca.contracts@courts.mo.gov](mailto:osca.contracts@courts.mo.gov). If you would like to submit a written proposal, please print or type the RFP number on the lower left hand corner of the envelope.

(U.S. Mail)

Office of State Courts Administrator Attn:

Contract Unit

PO Box 104480

Jefferson City, MO 65110 - 4480

(Courier Service)

Office of State Courts Administrator Attn:

Contract Unit

2112 Industrial Dr.

Jefferson City, MO 65109

**CONTRACT PERIOD: July 1, 2025 THROUGH JUNE 30, 2026**

**DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS: VARIOUS  
TREATMENT COURTS THROUGHOUT THE STATE OF MISSOURI**

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (RFP). The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Office of State Courts Administrator or when this RFP is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the offeror and the Office of State Courts Administrator.

**SIGNATURE REQUIRED**

<b>AUTHORIZED SIGNATURE</b> 	<b>DATE</b> 5/21/2025
<b>PRINTED NAME</b> Dominique Delagnes	<b>TITLE</b> CEO
<b>COMPANY NAME</b> Avertest, LLC. dba Averhealth	
<b>MAILING ADDRESS</b> 2400 Old Brick Rd Suite 142	
<b>CITY, STATE, ZIP</b> Glen Allen, VA 23060	
<b>TELEPHONE NUMBER</b> 804-508-6202	<b>EMAIL ADDRESS</b> LMohr@averhealth.com

**NOTICE OF AWARD (OSCA USE ONLY)**

<b>ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS:</b>		
As submitted in its entirety		
<b>CONTRACT NO.</b> 23-01792-21	<b>CONTRACT PERIOD</b> July 1, 2025 through June 30, 2026	
<b>CONTRACTS SECTION</b> 	<b>DATE</b> 06/13/2025	<b>DEPUTY STATE COURTS ADMINISTRATOR</b> 

**CONTRACT RENEWAL 002 to OSCA 23-01792-21**

**TITLE:** Drug/Alcohol Testing Equipment, Monitoring Equipment, & Services

Contract renewal period: July 1, 2025 through June 30, 2026

The Office of State Courts Administrator desires to renew the above referenced contract.

The Office of State Courts Administrator (OSCA) requests there not be any increase in cost for this contract period.

A completed Pricing Page must be returned with the completed and signed cover page of this renewal document prior to full execution by OSCA.

To be a contracted collector for the court(s), all individuals must adhere to the revised Missouri Collector Standards (Attachment 1)

Individuals who have submitted the Collector Guideline Acceptance Form under this contract do not need to submit another form at this time.

To be a contracted collector for the judiciary, all individuals must adhere to the Missouri Collector Standards, Attachment 1. Any individual providing collection services must have submitted an Exhibit A, Collector Guideline Acceptance Form, attached below, and all required supporting documents, prior to performing collection services under this contract. Exhibit A's must only be submitted with this renewal document for new collectors.

By completing, signing and returning Exhibit A, you, as well as each collector, are verifying you have read and will abide by these Missouri Guidelines for Drug/Alcohol Collections.

Background Check Procedures are provided below as well at Attachment 2.

All other terms, conditions and provisions of the previous contract period shall remain the same and apply hereto.

PRICING PAGE

The offeror shall provide the firm, fixed pricing information for each product and/or service to be provided in accordance with the provisions and requirements specified herein. All costs associated with providing the products and/or services required herein shall be included in the prices.

PRICE: The offeror shall provide a listing of each product and/or service with a firm, fixed price for each product and/or service.

Effective Date: The effective date for contracts awarded as a result of this renewal shall be from July 1, 2025 through June 30, 2026.

More lines/additional pages may be added, if needed.

OFFEROR NAME: Avertest, LLC dba Averhealth

Pricing included on the following pages.	Product/Service	\$_____firm, fixed price per each unit
_____	Product/Service	\$_____firm, fixed price per each unit
_____	Product/Service	\$_____firm, fixed price per each unit
_____	Product/Service	\$_____firm, fixed price per each unit
_____	Product/Service	\$_____firm, fixed price per each unit
_____	Product/Service	\$_____firm, fixed price per each unit
_____	Product/Service	\$_____firm, fixed price per each unit

Electronic Monitoring

Pricing per participant  
per day: \_\_\_\_\_  
per week: \_\_\_\_\_  
per month: \_\_\_\_\_

Is there a minimum number of days? Yes\_\_\_\_\_No\_\_\_\_\_

If yes, please indicate number of days:\_\_\_\_\_

Deposit or Start Up fee required? Yes \_\_\_\_\_No\_\_\_\_\_

If yes, what is the cost?\_\_\_\_\_

Please list system requirements, such as single land phone line, water resistance, range of coverage etc.:

\_\_\_\_\_

Please list counties for which you will provide this service:

Pricing Page, continued

COLLECTOR SERVICES PRICING

OFFEROR NAME: \_\_\_\_\_

The offeror should quote a price per hour or per test. Only one will be accepted.  
The price shall not change during the contract period.

Firm, fixed price for collector services performed: \$\_\_\_\_\_per hour, or

\$\_\_\_\_\_per test

For the following county and circuit:

County:\_\_\_\_\_ Circuit: \_\_\_\_\_

County:\_\_\_\_\_ Circuit: \_\_\_\_\_

County:\_\_\_\_\_ Circuit: \_\_\_\_\_

County:\_\_\_\_\_ Circuit: \_\_\_\_\_

County:\_\_\_\_\_ Circuit: \_\_\_\_\_

County:\_\_\_\_\_ Circuit: \_\_\_\_\_

## PRICING PAGE

**Avertest, dba Averhealth**

Service	Price	Unit
<b>Random Program Testing<sup>1</sup></b>	\$25.00	Per specimen collection
<b>EtG Testing</b>	\$25.00	Per specimen collection
<b>Standard Urine Panel<sup>1</sup> + ETG</b>	\$35.00	Per specimen collection
<b>Specialty Urine Test<sup>2</sup></b>	\$15.00	Per Test
<b>Standard Oral Fluid Panel<sup>3</sup></b>	\$35.00	Per specimen collection
<b>Specialty Oral Fluid Test<sup>4</sup></b>	\$18.50	Per Test
<b>Synthetic Marijuana (K2, Spice, etc.)</b>	\$25.00	Per specimen collection
<b>Bath Salts</b>	\$35.00	Per specimen collection
<b>Synthetic Marijuana + Bath Salts</b>	\$50.00	Per specimen collection
<b>Xylazine</b>	\$35.00	Per specimen collection
<b>Breath Alcohol Test (only)</b>	\$15.00	Per specimen collection
<b>Hair Test</b>	\$150.00	Per specimen collection
<b>LC/MS/MS Confirmation</b>	\$25.00	Per Test
<b>Sample Pick-up/Delivery</b>	No Charge	Not Applicable
<b>Training Session</b>	\$20.00	Per Trainee
<b>GPS Monitoring</b>	\$10.00	Per day per client
<b>Continuous Alcohol Monitoring</b>	\$15.00	Per day per client
<b>Remote Breath</b>	\$7.50	Per day per client
<b>Electronic Monitoring Deposit or Start-up Fee <sup>5</sup></b>	\$200.00	Per client

1. Standard Panel generally tests for amphetamines (methamphetamines, ecstasy), benzodiazepines, cocaine, marijuana, and opiates (hydrocodone, hydromorphone, morphine, oxycodone). The Standard Panel can be tailored to fit the specific needs of each county and may also include barbiturates, methadone, methamphetamines, PCP, or propoxyphene.
2. Specialty tests include Buprenorphine (Suboxone), Carisoprodol (SOMA), Cotinine, Demerol (Meperidine), ETG, Fentanyl, Gabapentin, Ketamine, Kratom, LSD, Tramadol, and Zolpidem, among about 1,500 other substances.
3. Standard Oral Fluid Panel is comprised of methamphetamines, benzodiazepines, cocaine, marijuana, and opiates. The Standard Oral Fluid Panel can be tailored to fit the specific needs of each county and may also include methadone and PCP.
4. Specialty Oral Fluid tests include Ethanol, Buprenorphine (Suboxone), Fentanyl, , Oxycodone, and Tramadol.
5. No minimum number of days.

**System requirements for electronic monitoring:**

As an authorized SCRAM service provider, Averhealth provides a full suite of devices and services, including continuous transdermal alcohol monitoring bracelets, remote breath devices, modems and related equipment in quantities required by this RFP – a minimum supply of 70 bracelets and five breath testing devices. Details of the equipment follow:

**SCRAM CAM Bracelet**

The SCRAM® CAM ankle bracelet continuously collects alcohol readings through a transdermal process that measures samples every 30 minutes, 24 hours a day. Transdermal testing measures the concentration of ingested alcohol present in insensible perspiration produced and emitted by the skin.

This device then automatically transmits the data to a central source for analysis – requiring no effort from the client or Court staff. SCRAM is the only transdermal alcohol detection device that used the Dräger fuel cell to analyze insensible perspiration for ethyl alcohol and convert electrical impulses into equivalent blood alcohol content (BAT). Results are upheld in Missouri and other states as evidentiary admissibility.

The ankle bracelet is attached to the client with a durable and tamper-proof strap and is worn 24 hours a day for a period determined by the Court. The bracelet transmits data via a wireless signal to the SCRAM Base Station placed in the client's home. It can communicate via a standard telephone line, SCRAM wireless system, or through the internet using an ethernet port.

The bracelet and base station will store up to a month's worth of court-admissible alcohol data, equating to about 48 tests per day, or 1,440 per month. All messages are time-stamped and stored so messages are never lost and will remain even if battery life is depleted.

For clients living in areas with weak cellular reception or who do not have access to a landline telephone or ethernet connection, data can be downloaded at our locations via SCRAM's Direct Connect device. If clients choose this option, they are required to report to an office at least once per week to download the data.

**SCRAM Remote Breath**

Averhealth offers the SCRAM® Remote Breath (RB) device as an additional solution for low-risk clients or for those with sustained compliance on the ankle bracelet.

Remote Breath is a handheld, wireless breath alcohol monitoring device with Automated Facial Intelligence that provides a GPS location with both taken and missed tests. It scans and automatically matches the photo of the person taking the test with the photo taken at enrollment.

Remote Breath automatically turns on and prompts clients for scheduled and on-demand tests, even when out of cellular coverage. It powers itself up during test windows and tracks its location at the time of the scheduled test. The device can provide a GPS location for each completed and missed test, providing supervisors with data to verify or refute a client's claim by comparing the GPS point on a missed test with the client's location at the time of a missed test. Notification is immediate for Breath Alcohol Content and positive client identification.

Data is transmitted from the SCRAM RB device to SCRAMnet software, which collects, analyzes, and stores results in a central and secure location. The software will notify your staff of any alcohol readings, tamper alerts or equipment malfunctions so you can act quickly to address any problems with clients. SCRAMnet can provide a range of reports – from a snapshot of a single event to a comprehensive review of a client’s behavior over time.

Averhealth partners with Alcohol Monitoring Systems to perform all equipment maintenance, including recalibration done once per year, to ensure devices are working properly. There is no charge to the Court for routine maintenance of monitoring equipment. In addition, SCRAM CAM and RB devices relay information via SCRAMnet to enable our team to manage equipment inventory and assess the status of equipment and systems.

Averhealth maintains insurance on electronic monitoring equipment. Should it be lost, stolen or destroyed, it can be recovered or replaced at no additional cost to the Court.

**Please list counties for which you will provide this service:**

Averhealth will consider providing the above services to all counties throughout Missouri.

OFFEROR NAME: \_\_\_\_\_

OSCA 23-01792  
Collector Guideline Acceptance Form

# Office of State Courts Administrator



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

<u>Crystal Wilson</u>	<u>Crystal Wilson</u>	<u>4-17-25</u>
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.

<u>[Signature]</u>	<u>[Signature]</u>	<u>4/17/25</u>
Drug Court Judge/Coordinator	Circuit	Date



OFFEROR NAME: Averhealth

OSCA 23-01792

## Collector Guideline Acceptance Form

## Office of State Courts Administrator



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

Grena Herndon

Collector Printed name

Grena Herndon  
Signature

Date

4/17/2025

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.

Rebecca Richardson

Drug Court Judge/Coordinator

45<sup>th</sup>

Circuit

4/22/25

Date

EXHIBIT A

OFFEROR NAME:

JOHN MAYES *Averhealth*

OSCA 23-01792

## Collector Guideline Acceptance Form

## Office of State Courts Administrator



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

*JOHN MAYES*

Collector Printed name

Signature

Date

*4-12-25*

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.

*Rebecca Richardson*

Drug Court Judge/Coordinator

*45<sup>th</sup>*

Circuit

*4/22/25*

Date

OFFEROR NAME: Averhealth.

OSCA 23-01792

## Collector Guideline Acceptance Form

**Office of State Courts Administrator**

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

Johniqua Fort Johniqua Fort 04-16-2025  
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.

[Signature] SSrd/sytr 4-17-25  
Drug Court Judge/Coordinator Circuit Date



**EXHIBIT A**

**OFFEROR NAME:** \_\_\_\_\_

OSCA 23-01792

**Collector Guideline Acceptance Form**

**Office of State Courts Administrator**



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

<u>Matthew Morsinger</u>	<u>[Signature]</u>	<u>4-17-25</u>
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.

<u>[Signature]</u>	<u>23rd</u>	<u>4/17/25</u>
Drug Court Judge/Coordinator	Circuit	Date

OFFEROR NAME: Averhealth

OSCA 23-01792  
Collector Guideline Acceptance Form

# Office of State Courts Administrator



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

Matthew Schaffstall

Collector Printed name

Matthew Schaffstall

Signature

04/16/25

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]

Drug Court Judge/Coordinator

33rd/34th

Circuit

4-17-25

Date

EXHIBIT A

OFFEROR NAME: Averhealth

OSCA 23-01792

## Collector Guideline Acceptance Form

## Office of State Courts Administrator



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

Stacey Fredericks [Signature] 4-18-25  
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.

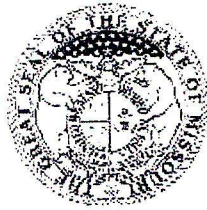
Rebecca Richardson 45<sup>th</sup> 4/22/25  
Drug Court Judge/Coordinator Circuit Date



OFFEROR NAME: \_\_\_\_\_

OSCA 23-01792  
Collector Guideline Acceptance Form

# Office of State Courts Administrator



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

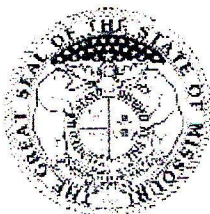
Robert Casey Robert Casey 04/16/2025  
Collector Printed name Signature Date

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.

[Signature] Admin 11 4/24/25  
Drug Court Judge/Coordinator Circuit Date

**EXHIBIT A**

OFFEROR NAME: \_\_\_\_\_

OSCA 23-01792  
Collector Guideline Acceptance Form**Office of State Courts Administrator**

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

Ryan Carter B Ce 4.16.25  
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.

[Signature] Admin 11 4/24/25  
Drug Court Judge/Coordinator Circuit Date



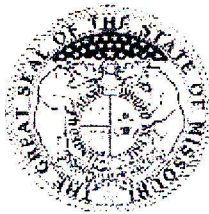
EXHIBIT A

OFFEROR NAME: \_\_\_\_\_

OSCA 23-01792

Collector Guideline Acceptance Form

# Office of State Courts Administrator



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

\_\_\_\_\_  
Collector Printed name                      Signature                      Date 4/16/25

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.

\_\_\_\_\_  
Drug Court Judge/Coordinator                      Circuit 11                      Date 4/24/25

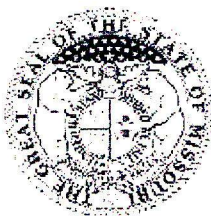
**EXHIBIT A**

**OFFEROR NAME:** \_\_\_\_\_

OSCA 23-01792

**Collector Guideline Acceptance Form**

**Office of State Courts Administrator**



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

Victoria Woodard      [Signature]      4/16/25  
 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.

[Signature] Admin      11      4/24/25  
 Drug Court Judge/Coordinator      Circuit      Date

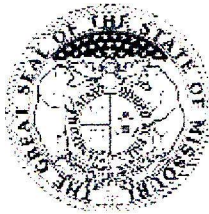
**EXHIBIT A**

**OFFEROR NAME:** \_\_\_\_\_

OSCA 23-01792

**Collector Guideline Acceptance Form**

**Office of State Courts Administrator**



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

K. Sample                      K. Sample                      4-16-25  
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.

[Signature] Admin                      11                      4/24/25  
Drug Court Judge/Coordinator                      Circuit                      Date



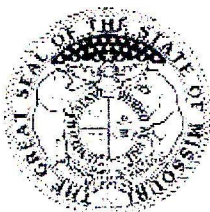
**EXHIBIT A**

**OFFEROR NAME:** \_\_\_\_\_

OSCA 23-01792

**Collector Guideline Acceptance Form**

**Office of State Courts Administrator**



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

\_\_\_\_\_  
 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.

\_\_\_\_\_  
 Drug Court Judge/Coordinator                      Circuit                      Date

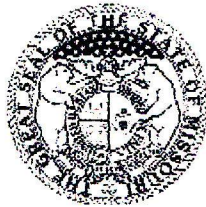
EXHIBIT A

OFFEROR NAME: \_\_\_\_\_

OSCA 23-01792

Collector Guideline Acceptance Form

# Office of State Courts Administrator



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

Jamal Coats                      [Signature]                      4-17-2025  
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.

[Signature] Admin                      11                      4/24/25  
Drug Court Judge/Coordinator                      Circuit                      Date

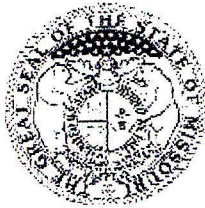
**EXHIBIT A**

**OFFEROR NAME:** \_\_\_\_\_

OSCA 23-01792

**Collector Guideline Acceptance Form**

**Office of State Courts Administrator**



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

*Corrina Sanders*

Collector Printed name

Signature

Date

*4/14/25*

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]* Admin

Drug Court Judge/Coordinator

Circuit

Date

*11*

*4/24/25*



OFFEROR NAME: \_\_\_\_\_

OSCA 23-01792  
Collector Guideline Acceptance Form

# Office of State Courts Administrator



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

Laura Bronson      [Signature]      4-17-25  
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.

[Signature]      12th      April 22, 2025  
Drug Court Judge/Coordinator      Circuit      Date



**OFFEROR NAME:** \_\_\_\_\_

OSCA 23-01792  
**Collector Guideline Acceptance Form**

# Office of State Courts Administrator



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

Tyler Messmer      Tyler Messmer      4/17/25  
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.

Heather Gant      12th      April 22, 2025  
Drug Court Judge/Coordinator      Circuit      Date