

Office of State Courts Administrator**P.O. Box 104480****2112 Industrial Drive****Jefferson City, Missouri 65110- 4480**

RFP NO. OSCA 23-01792

RENEWAL: 003

TITLE: Drug/Alcohol Testing Equipment
Monitoring Equipment & Services

CONTACT: Mitchell Bonine

PHONE NO.: (573) 522-6766

E-MAIL: osca.contracts@courts.mo.gov**Proposal submission:** Proposals maybe sent electronically to osca.contracts@courts.mo.gov.

CONTRACT PERIOD: FROM APPROVAL DATE THROUGH JUNE 30, 2027

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING

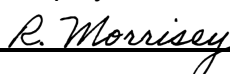
ADDRESS: VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, and in accordance with all requirements and specifications contained herein, including the Terms and Conditions attached hereto. 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 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

Authorized Signature 		Date 4/28/26
Printed Name Dominique Hummel		Title CEO
Company Name Avertest, LLC dba Averhealth		
Mailing Address 2400 Old Brick Rd, Suite 142		
City, State, Zip Glen Allen, VA 23060		
E-Mail Address LMohr@averhealth.com		
Telephone Number 804-508-6202	Facsimile Number 804-508-6202	

Notice of Award (OSCA Use Only)

Accepted by Office of State Courts Administrator as Follows As submitted in its entirety		
Contract No. 23-01792-21		Contract Period July 1, 2026 through June 30, 2027
Contracts Section 	Date 06/22/2026	Deputy State Courts Administrator 

CONTRACT RENEWAL 003 to OSCA 23-01792-XX

TITLE: Drug/Alcohol Testing Equipment, Monitoring Equipment, & Services Contract renewal period: July 1, 2026 through June 30, 2027

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.

All Company created marketing documents and information that is added to the RFP must be ADA compliant.

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 RFP shall be from date of award through June 30, 2027.

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

OFFEROR NAME: Avertest, LLC dba Averhealth _____

<u>See attached</u> _____	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 **SEE ATTACHED**

per day: _____

per week: _____

per month: _____

Is there a minimum number of days? Yes___ No X_____

If yes, please indicate number of days: _____

Deposit or Start Up fee required? Yes___ X ___No If yes,

what is the cost? \$200.00/client

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

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

Pricing Page, cont.

COLLECTOR SERVICES PRICING

OFFEROR NAME: Avertest, LLC dba Averhealth

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.

See pricing attached

Firm, fixed price for collector services performed: \$ \$_____per hour, or
For the following county and circuit: _____per test

Averhealth will consider working with every County in Missouri.

County: _____	Circuit: _____
County: _____	Circuit: _____
County: _____	Circuit: _____
County: _____	Circuit: _____
County: _____	Circuit: _____
County: _____	Circuit: _____

PRICING PAGE

Avertest, dba Averhealth

Service	Price	Unit
Random Program Testing¹	\$25.00	Per specimen collection
EtG Testing	\$25.00	Per specimen collection
Standard Urine Panel¹ + ETG	\$35.00	Per specimen collection
Specialty Urine Test²	\$15.00	Per Test
Standard Oral Fluid Panel³	\$35.00	Per specimen collection
Specialty Oral Fluid Test⁴	\$18.50	Per Test
Synthetic Marijuana (K2, Spice, etc.)	\$25.00	Per specimen collection
Bath Salts	\$35.00	Per specimen collection
Synthetic Marijuana + Bath Salts	\$50.00	Per specimen collection
Xylazine	\$35.00	Per specimen collection
Breath Alcohol Test (only)	\$15.00	Per specimen collection
Hair Test	\$150.00	Per specimen collection
LC/MS/MS Confirmation	\$25.00	Per Test
Sample Pick-up/Delivery	No Charge	Not Applicable
Training Session	\$20.00	Per Trainee
GPS Monitoring	\$10.00	Per day per client
Continuous Alcohol Monitoring	\$15.00	Per day per client
Remote Breath	\$7.50	Per day per client
Electronic Monitoring Deposit or Start-up Fee ⁵	\$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.

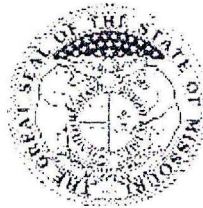
Please list the counties for which you will provide this service:

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

OFFEROR NAME: Ben Centunzi

OSCA 18-007
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

Ben Centunzi
Collector Printed name

[Signature]
Signature

2/27/26
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

Administrator 11
Circuit

3/5/26
Date

OFFEROR NAME: Overhaugh

OSCA 18-007
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

Brandon Cox [Signature] 3/19/20
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] 81 3-24-20
Drug Court Judge/Coordinator Circuit Date

OFFEROR NAME:

Auerhach

OSCA 18-007
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.

^{BL}
☒ 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

Belita Rogers

Collector Printed name

Belita Rogers

Signature

03/19/2026

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

31
Circuit

3/24/26
Date

OFFEROR NAME: Chris Souza

OSCA 18-007
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

Chris Souza

Collector Printed name

[Signature]

Signature

2026 MAY 12

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

21st

Circuit

05/12/2026

Date

OFFEROR NAME:

Auerhach

OSCA 18-007
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

Elizabeth Crockett Elizabeth Crockett 3-19-2024
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] 31 3-24-26
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

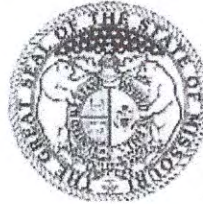
4/17/2025
Date

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
Drug Court Judge/Coordinator

45th
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

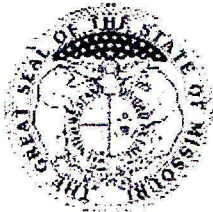
The treatment court approves this person as a collector for our circuit. This approval does not mean the Judiciary shall be liable for their actions in performance of these duties.

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

OFFEROR NAME: Amerhealth

OSCA 18-007
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

Jenisha Spurlock Jenisha Spurlock 4/1/2026
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.

Admin 11 4/8/26
Drug Court Judge/Coordinator Circuit Date

OFFEROR NAME: Amerhealth

OSCA 18-007
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

Michael Lugenbell

[Signature]

3-19-2026

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]
Drug Court Judge Coordinator

31

Circuit

3-24-26

Date

OFFEROR NAME:

Auerhach

OSCA 18-007
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

Marcella Loomis

Marcella Loomis

3/19/26

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]
Drug Court Judge/Coordinator

31
Circuit

3/24/26
Date

OFFEROR NAME: Overhaul

OSCA 18-007
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

Brandon Cox

Collector Printed name

[Signature]

Signature

3/19/20

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

31

Circuit

3-24-20

Date

OFFEROR NAME: Auerhach

OSCA 18-007
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

Mona Reed Mona Reed 03/19/2026
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] B 3/24/26
Drug Court Judge/Coordinator Circuit Date

OFFEROR NAME:

Auerhach

OSCA 18-007
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

Elizabeth Crockett Elizabeth Crockett 3-19-2024
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] 31 3-24-26
Drug Court Judge/Coordinator Circuit Date

OFFEROR NAME:

Amerhealth

OSCA 18-007
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

Trevi's Morrison

Collector Printed name

Linda Morrison

Signature

3-19-2026

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

31

Circuit

324-26

Date

OFFEROR NAME: Amerhealth

OSCA 18-007
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

Michael Lugenbell

[Signature]

3-19-2026

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]
Drug Court Judge Coordinator

31

Circuit

3-24-26

Date

OFFEROR NAME:

Auerhach

OSCA 18-007
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.

^{BL} ☒ 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

Belita Rogers

Collector Printed name

Belita Rogers

Signature

03/19/2026

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

31

Circuit

3/24/26

Date

OFFEROR NAME:

Amerhaith

OSCA 18-007
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 J Ramsey

Collector Printed name

[Signature]

Signature

3/19/2026

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

B1

Circuit

3/24/26

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

Matthew T. Padgett Jr. *Matthew T. Padgett Jr.* _____
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.

Sherry Huegel 20 7/3/25
Drug Court Judge/Coordinator Circuit Date

OFFEROR NAME: Auerhach

OSCA 18-007
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

Mona Reed Mona Reed 03/19/2026
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] B 3/24/26
Drug Court Judge/Coordinator Circuit Date

OFFEROR NAME: Amerhaith

OSCA 18-007
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 J Ramsey
Collector Printed name

[Signature]
Signature

3/19/2026
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

B1
Circuit

3/24/26
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

Collector Printed name

B Ce

Signature

4.18.25

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.

A handwritten signature, likely of the Drug Court Judge/Coordinator.

Drug Court Judge/Coordinator

Admin

Circuit

11

4/24/25

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

Sherry Zweifel Sherry Zweifel _____
Collector Printed name Signature Date

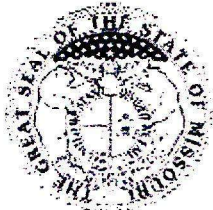
The treatment court approves this person as a collector for our circuit. This approval does not mean the Judiciary shall be liable for their actions in performance of these duties.

Sherry Zweifel _____ 7/3/25
Drug Court Judge/Coordinator Circuit Date

OFFEROR NAME: Anerhath

OSCA 18-007
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

Tekira Burnett

Tekira Burnett

4/1/26

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

4/8/26

Drug Court Judge/Coordinator

Circuit

Date

OFFEROR NAME:

Amerhealth

OSCA 18-007
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

Trevi's Morrison

Collector Printed name

Linda Morrison

Signature

3-19-2026

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

31

Circuit

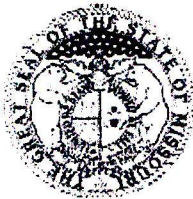
324-26

Date

OFFEROR NAME: Amia Ringo

OSCA 18-007
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

Amia Ringo Amia Ringo 6/11/26
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 6/15/26
Drug Court Judge/Coordinator Circuit Date



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Sarah Willson
Director

Mike Kehoe
Governor

06/03/2026

FAMILY CARE SAFETY REGISTRY
Background Screening Results - Registrant
Registrant Number: 23481683

MICHAEL JOSEPH LUGENBELL
1703 E SAMUEL J ST
OZARK, MO 65721

Dear FCSR Registrant:

On 06/02/2026, the Family Care Safety Registry (FCSR) processed a request to conduct a background screening. The request for the background screening was made by MICHAEL LUGENBELL, 1703 E SAMUEL J ST, OZARK, MO, 65721. The requestor was informed that you are registered with the FCSR, and the background screening, confirmation #117914825792, indicated the following:

No finding reported in the background screening.

The results above were confirmed by searching the following state databases that contain Missouri data only, using your name, date of birth and Social Security number:

- Criminal history records maintained by the MO State Highway Patrol
- Sex Offender Registry records maintained by the MO State Highway Patrol
- Child abuse/neglect records maintained by the MO Department of Social Services
- Foster parent licensure records maintained by the MO Department of Social Services
- Child care licensure records maintained by the MO Department of Elementary and Secondary Education
- Employee Disqualification List maintained by the MO Department of Health and Senior Services
- Employee Disqualification Registry maintained by the MO Department of Mental Health

If a finding is reported, you may request the specific details or appeal the accuracy of the transfer of the information to the FCSR by submitting a written request that includes your name, address, Social Security number and/or registrant number, and signature, to the Missouri Department of Health and Senior Services, Family Care Safety Registry, PO Box 570, Jefferson City, MO, 65102, or by FAX to 573-522-6981. See 19 CSR 30-80.040 for a full statement of what such an appeal should include.

The statutes found in sections 210.900 et seq., RSMo, allow qualifying persons to contact the FCSR to obtain background screening information for employment purposes only. Each time the FCSR processes a background screening request, you will be provided with the requestor's name, address and the current background screening results provided. If you have questions concerning the FCSR, please call our toll-free call center at 866-422-6872, or visit our Internet site at <http://health.mo.gov/safety/fcsr/>.

If you are receiving this letter via U.S. mail, please consider helping us conserve resources by calling the FCSR toll-free at 866-422-6872 and providing an email address.



PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Sarah Willson
Director

Mike Kehoe
Governor

06/02/2026

FAMILY CARE SAFETY REGISTRY
Background Screening Results - Registrant
Registrant Number: 27689316

RYAN CLINTON CARTER-WILLIAMS
2131 YALE AVE APT 302
ST LOUIS, MO 63143

Dear FCSR Registrant:

On 06/02/2026, the Family Care Safety Registry (FCSR) processed a request to conduct a background screening. The request for the background screening was made by RYAN CARTER-WILLIAMS, 2131 YALE AVE APT 302, ST LOUIS, MO, 63143. The requestor was informed that you are registered with the FCSR, and the background screening, confirmation #117914826278, indicated the following:

No finding reported in the background screening.

The results above were confirmed by searching the following state databases that contain Missouri data only, using your name, date of birth and Social Security number:

- Criminal history records maintained by the MO State Highway Patrol
- Sex Offender Registry records maintained by the MO State Highway Patrol
- Child abuse/neglect records maintained by the MO Department of Social Services
- Foster parent licensure records maintained by the MO Department of Social Services
- Child care licensure records maintained by the MO Department of Elementary and Secondary Education
- Employee Disqualification List maintained by the MO Department of Health and Senior Services
- Employee Disqualification Registry maintained by the MO Department of Mental Health

If a finding is reported, you may request the specific details or appeal the accuracy of the transfer of the information to the FCSR by submitting a written request that includes your name, address, Social Security number and/or registrant number, and signature, to the Missouri Department of Health and Senior Services, Family Care Safety Registry, PO Box 570, Jefferson City, MO, 65102, or by FAX to 573-522-6981. See 19 CSR 30-80.040 for a full statement of what such an appeal should include.

The statutes found in sections 210.900 et seq., RSMo, allow qualifying persons to contact the FCSR to obtain background screening information for employment purposes only. Each time the FCSR processes a background screening request, you will be provided with the requestor's name, address and the current background screening results provided. If you have questions concerning the FCSR, please call our toll-free call center at 866-422-6872, or visit our Internet site at <http://health.mo.gov/safety/fcsr/>.

If you are receiving this letter via U.S. mail, please consider helping us conserve resources by calling the FCSR toll-free at 866-422-6872 and providing an email address.



PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.



Missouri Department of Health and Senior Services

P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired and Voice dial: 711



Sarah Willson
Director

Mike Kehoe
Governor

04/17/2026

FAMILY CARE SAFETY REGISTRY
Registration Notification
Registrant Number: 49664792

KYLE JAMES BLANCHARD
1329 BENTON ST
POPLAR BLUFF, MO 63901

Dear FCSR Registrant:

The Family Care Safety Registry (FCSR) processed your registration on 04/17/2026. An initial screening was run as part of the registration process, and your results are:

No finding reported in the background screening.

The results above were confirmed by searching the following state databases that contain Missouri data only, using your name, date of birth and Social Security number:

- Criminal history records maintained by the MO State Highway Patrol
- Sex Offender Registry records maintained by the MO State Highway Patrol
- Child abuse/neglect records maintained by the MO Department of Social Services
- Foster parent licensure records maintained by the MO Department of Social Services
- Child care licensure records maintained by the MO Department of Elementary and Secondary Education
- Employee Disqualification List maintained by the MO Department of Health and Senior Services
- Employee Disqualification Registry maintained by the MO Department of Mental Health

If a finding is reported, you may request the specific details or appeal the accuracy of the transfer of the information to the FCSR by submitting a written request that includes your name, address, Social Security number and/or registrant number, and signature, to the Missouri Department of Health and Senior Services, Family Care Safety Registry, PO Box 570, Jefferson City, MO, 65102, or by FAX to 573-522-6981. See 19 CSR 30-80.040 for a full statement of what such an appeal should include.

Please keep this letter as confirmation of your registration with the FCSR. This is the only time you will need to register with the FCSR. If your name or address changes, it is your responsibility to notify the FCSR. If you have questions concerning the FCSR, please call our toll-free call center at 866-422-6872, or visit our Internet site at <http://health.mo.gov/safety/fcsr/>.



PROMOTING HEALTH AND SAFETY

The Missouri Department of Health and Senior Services' vision is optimal health and safety for all Missourians, in all communities, for life.