OFFICE OF STATE COURTS ADMINISTRATOR
P.O. Box 104480
2112 Industrial Drive
Jefferson City, MO 65110-4480

CONTRACT RENEWAL 002
CONTRACT: OSCA 23-01792-15
TITLE: Drug/Alcohol Testing Equipment, Monitoring Equipment, & Services

CONTACT: Mitchell Bonine
EMAIL: 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. 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

or

(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

AUTHORIZED SIGNATURE: Shellie Davis-Ruble	DATE: May 7, 2025
PRINTED NAME: Shellie Davis-Ruble	TITLE: President
COMPANY NAME: O.C.C.S. Inc.	
MAILING ADDRESS: 215 E. Commercial	
CITY, STATE, ZIP: Lebanon, Missouri 65536	
TELEPHONE NUMBER: 417-533-3221	EMAIL ADDRESS: srubleoccs@gmail.com

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: As submitted in its entirety		
CONTRACT NO.: 23-01792-15	CONTRACT PERIOD: July 1, 2025 through June 30, 2026	
CONTRACTS SECTION: Mitchell Bonine	DATE: 06/09/25	DEPUTY STATE COURTS ADMINISTRATOR

23-01792-15

Pricing Page, continued

COLLECTOR SERVICES PRICING

OFFEROR NAME: O.C.C.S. Inc

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: $ See attached per hour, or

$ See attached per test

For the following county and circuit:

County: Laclede Circuit: 26

County: Camden Circuit: 26

County: Miller Circuit: 26

County: Morgan Circuit: 26

County: Moniteau Circuit: 26

County: _____ Circuit: _____

Pricing Page, continued

COLLECTOR SERVICES PRICING

OFFEROR NAME: O.C.C.S. Inc

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: $ See attached per hour, or
$ See attached per test

For the following county and circuit:

County: Pulaski Circuit: 25

County: Phelps Circuit: 25

County: Texas Circuit: 25

County: Maries Circuit: 25

County: _____ Circuit: _____

County: _____ Circuit: _____

O.C.C.S. Inc.
OUTREACH CONSULTING & COUNSELING SERVICES
www.occsofmissouri.com

215 E Commercial
Lebanon MO 65536

Phone # (417) 533-3221 Ext 102
Fax # (417) 533-7766

OSCA 23-01792-15

Drug/Alcohol Testing Equipment, Monitoring Equipment and Services

Contract Period: July 1, 2025, through June 30, 2026

Redwood Toxicology On-Site Testing:

Multi-Drug 6 Panel Testing (Coc/M-Amp/THC/OPI/OXY/BZO)	$15.00 fixed price per each unit
Multi-Drug 13 Panel Testing (ETG/FTY/TRA/AMP/BUP/BZO/COC/MET MDMA/MTO/OPI300/OXY/THC)	$20.00 fixed price per each unit
Slim Cup 20 (AMP/BAR/BUP/BZO/COC ETG/FTY/Syn CAN/KET/KRA/HER/MDMA/ METH/MTO/Methadone/OXY/PCP/TRI Anti/ THC/TRAM)	$20.00 fixed price per each unit
Oral Fluid Rapid Click Cube 16 Drugs	$20.00 fixed price per each unit
(Alco .02%/AMP/BAR/BUP/BZO/COC COT/FTY/KET/K2/MET/MTD/OPI/OXY PCP/THC)	

*Cut offs vary among each different testing Instrument.

Emerging Rapid Cup $25.00 fixed price per each unit

12 panel ~ Methylexedioxyprovalerone (MDPV aka Bath Salts), Fentanyl (FTY), Gabapentin (GAB), Ketamine (KET), Kratom (KRA), Lysergic Acid Diethylamide (LSD), N-dimethyltryptamine (DMT), Nitazene (NTZ), Psilocybin (PY), Synthetic Marijuana (K2), Tianeptine (TIA aka Gas Station Herion), Xylazine (XYL).

Confirmation for Emerging Rapid Cup:

Confirmation for Ketamine	$45.00 fixed price per each unit
Confirmation for Tianeptine	$50.00 fixed price per each unit
Confirmation for Xylazine	$40.00 fixed price per each unit
Confirmation for Hallucinogens Panel	$220.00 fixed price per each unit

DMT (Ayahuasca)
LSC (Lysergic Acid)
Psilocin/Psilocybins (Magic Mushrooms)

<u>Redwood Confirmation for Substances:</u>

Confirmation per each drug (unit) (Delta 8/THC/AMP/METH/BZO/BUP/ COC/ETG/OPI/Methadone/PHEN/TRA)	$30.00 fixed price per each unit
Confirmation for Fentanyl	$45.00 fixed price per each unit
Confirmation for Mitragynine (Kratom)	$45.00 fixed price per each unit
Confirmation for Designer Stimulants Premium	$75.00 fixed price per each unit
Confirmation for Designer Stimulants Standard	$70.00 fixed price per each unit
Confirmation for Designer Cannabinoids Premium	$65.00 fixed price per each unit

H58 Confirmation	$70.00 fixed price per each unit
M29 Confirmation	$75.00 fixed price per each unit
Confirmation for T-Cube Testing	$30.00 per each drug to confirm Fixed per each unit
Confirmation for T-Cube Fentanyl	$45.00 fixed price per each unit

PHARM CHEM DRUG PATCH:

Patch and Confirmation Standard Panel (AMP/METH/OPI/COC/PCP/THC)	$75.00 fixed price per each unit
Add on for Fentanyl/Nor Fentanyl	$15.00 fixed price per each unit
Add on for Opiate Expanded	$30.00 fixed price per each unit

Collector Services Pricing:

Collecting Specimen	$11.00 fixed per price each unit
Prepare for Lab Confirmation	$ 9.00 fixed per price each unit

*Tests provided for office performing collections.

Monitoring Equipment:

BI – Soberlink 3:	$ 7.50 per day fixed
	$50.00 Enrollment fee
*Replacement cost of lost or damaged:	$850.00 fixed per unit
*Charger	$ 25.00 fixed per unit
*Case	$ 15.00 fixed per unit

Features: Handheld Breathalyzer, customized alcohol testing schedule, facial recognition technology, embedded cellular and GPS tamper detection.

BI – LOC8 XT:	$11.50 per day fixed
	$50.00 Enrollment fee
*Replacement cost of damaged or lost	$2500.00 fixed per unit
*Strap	$ 10.00 fixed per unit
*Battery	$ 125.00 fixed per unit
*Charger	$ 125.00 fixed per unit

Features: Small ankle bracelet, quick recharge time, up to 60 hours battery life on single charge cordless battery charging, enhanced tamer detection including proximity tamper, flash memory to preserve data, even if battery is depleted. Vibration pulse notifications for hearing impaired users.

BI – TAD Ankle Bracelet:	$ 11.50 per day fixed
	$ 50.00 Enrollment fee fixed
*Replacement Costs of damaged or lost	$1500.00 fixed per unit
*Strap	$ 10.00 fixed per unit
*Charger	$ 50.00 fixed per unit

Features: Continuous Transdermal Alcohol Detection. Meets the Daubert Standard for the Courts, multiple tamper-resistant features.

BI - Veri Watch:	$ 11.00 per day fixed $ 50.00 Enrollment fee fixed
*Replacement fee if damaged or lost	$800.00 per fixed unit
*Protective Cover	$ 10.00 per fixed unit
*Charging Cable and Plug	$ 60.00 per fixed unit
*Strap	$ 30.00 per fixed unit

Features: Biometric authentication, device removal detection algorithm utilizes proximity and other sensors Liveness Detection, Custom Operating System, Cordless battery charging, GPS and multiple constellation tracking; Wi-fi indoor/secondary location tracking, High frequency pursuit mode to find clients on the move, LCS touch screen, speaker and audible alarm with client acknowledgment, available in English and Spanish, LTE cellular connectivity with multiple carriers, Stores location points for 7 days without cell connectivity.

VCheck24

Vcheck Daily Phone Application Monitoring	$1.50 Per day fixed
VCheck Enrollment fee	$25.00 One-Time fee
VCheck Brac (Monitoring and Brac testing) (Phone monitoring and Brac monitoring)	$3.00 Per day fixed

USDTL

United States Drug Testing Laboratories, Inc.

Pricing Page

Hair/Nail Testing ~ 5 Drug Panel	$145.00
Hair/Nail testing ~ 7 Drug Panel	$165.00
Hair/Nail testing ~ 9 Drug Panel	$220.00
Hair/Nail testing ~ 10 Drug Panel (Oxycodone)	$250.00
Hair/Nail Testing ~ 12 Drug Panel (Meperidine & Tramadol)	$320.00
Hair/Nail Testing ~ 14 Drug Panel (Fentanyl & Sufentanil)	$335.00
Hair/Nail Testing ~ 15 Drug Panel (Ketamine)	$440.00
Hair/Nail Testing ~ 16 Drug Panel (Buprenorphine)	$450.00
Hair/Nail Testing ~ Drug Panel (Zolpidem)	$495.00
Hair/Nail Testing ~ 18 Drug Panel (Mitragynine aka Kratom)	$515.00
Hair/Nail Testing ~ 19 Drug Panel (Gabapentin)	$560.00
Environmental Exposure (Child Guard) 5 Drug Panel	$155.00
Environmental Exposure (Child Guard) 7 Drug Panel	$195.00
Environmental Exposure (Child Guard) 9 Drug Panel	$235.00
Environmental Exposure (Child Guard) 13 Drug Panel	$400.00
Stand Alone ~ Kratom	$260.00
Stand Alone ~ Gabapentin	$260.00

*Stand alone can be combined with another test, but added together.

Available to serve the following Counties and circuit:

Pulaski County	25th Circuit
Phelps County	25th Circuit
Texas County	25th Circuit
Maries County	25th Circuit
Laclede County	26th Circuit
Camden County	26th Circuit
Miller County	26th Circuit
Morgan County	26th Circuit
Moniteau County	26th Circuit

*Would be available to discuss serving other counties per discussion with Treatment Courts.

*Addresses and phone numbers of all office locations can be located at: www.occsofmissouri.com

EXHIBIT A

OFFEROR NAME: O.C.C.S. Inc

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 ofState 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 lawenforcement 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.

Brooklynn Stamper Brooklynn Stamper 5-21-2024

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] 26 5.21.24

Drug Court Judge/Coordinator | Circuit | Date

OCCS Inc.

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 14-042

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 understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Ryan Scanlan	[signature]	12-31-2024
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]	26th	1/22/2025
Drug Court Judge/Coordinator	**Circuit**	**Date**

OCCS Inc

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 14-042

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 understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Brittany Fouts — Collector Printed name

Signature

4/24/23 — 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

25 — Circuit

05-04-23 — Date

OCCS Inc.

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 14-042

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 understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Emmalee Yakle — Yakle — 4-1-2025

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] — 26th — 4.4.25

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

OCCS Enc

EXHIBIT A

OFFEROR NAME: O.C.C.S. Inc.

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 ofState 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 lawenforcement 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

Randall Smith		5-21-24
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.

	26	5.21.24
Drug Court Judge/Coordinator	Circuit	Date

OCCS Inc

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 14-042

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 understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Nora Ramsey — Nora Ramsey — July 31, 2023

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 — 25th Circuit — 7-31-23 Date

OCCSInc

OSCA 18-007 Drug/Alcohol Testing and Monitoring Equipment & Services

OFFEROR NAME: O.C.C.S. Inc

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

Jessica Reid	Jessica Reid	6/29/22
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.

	25 PHELPS	7/18/2022
Drug Court Judge/Coordinator	**Circuit**	**Date**

OCCS Inc.

OSCA 18-007-05, Contract Renewal 001, Drug/Alcohol Testing Equipment, Monitoring Equipment, & Services

Exhibit A

CONTRACTOR NAME: O.C.C.S. Inc.

OSCA 18-007-05

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 ✓ BR

☒ 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 ✓

Kirsten Dunn K. Dunn 5/24/18

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.

[redacted] 26th Jun 1, 2018

Drug Court Judge/Coordinator Circuit Date

OCCS Inc

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 14-042

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 understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Kerri Heilig	Kerri Heilig	9/25/23
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.

	26th	9/29/23
Drug Court Judge/Coordinator	Circuit	Date

OCCS Inc.

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 14-042

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 understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Haley Manning — Collector Printed name

Haley Manning — Signature

Date 5-20-25

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	Date
	26	5/27/25

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 14-042

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 understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Haley Manning — Collector Printed name

Haley Manning — Signature

Date 5-20-25

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

26 — 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

05/16/2025

FAMILY CARE SAFETY REGISTRY
Background Screening Results - Inquirer
Registrant: CARREL, JENNIFER
Registrant Number: 66773289

OUTREACH CONSULTING & COUNSELING SERVICES
ATTN: SHELLIE DAVIS
215 E COMMERCIAL ST
LEBANON, MO 65536

The Family Care Safety Registry (FCSR) received your request for a background screening on 05/16/2025. The background screening, confirmation #117821850945, conducted on 05/16/2025, 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 the above registrant's 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

A copy of this background screening has been provided to the individual registrant. If finding(s) were indicated, you may obtain specific information about these results by submitting your request in writing to the Missouri Department of Health and Senior Services, Family Care Safety Registry, PO Box 570, Jefferson City, MO, 65102. The request must be signed and must include your name, address, telephone number, the reason for requesting the information, the registrant's full name and Social Security number, and the confirmation number from the first paragraph above.

The FCSR provides background screening information for employment purposes only. Any person who uses the information obtained from the registry for any purpose other than that specifically provided for in sections 210.900 to 210.936 is guilty of a class B misdemeanor, RSMo §210.921.3. The FCSR bases criminal history identification on the name, Social Security number and date of birth provided by the inquirer, not by the use of fingerprints. Please be advised that you must contact your licensing representative or other agency contact to determine whether this background screening meets state agency requirements for licensure, certification or registration. If you have questions or need assistance, you may contact the FCSR's toll free call center at 866-422-6872, or visit our Internet site at http://health.mo.gov/safety/fcsr/.

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 14-042

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 understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Jennifer Carrel		5/12/25
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.

Rhonda K. Rethwisch	25	5/30/25
Drug Court Judge/Coordinator	**Circuit**	**Date**

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 14-042

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 understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Jennifer Carroll		5/12/25
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.

	26	5/29/25
Drug Court Judge/Coordinator	**Circuit**	**Date**

OFFEROR NAME: OCCS Inc

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

Kaden Scanlan	Kaden Scanlan	5-5-26
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.

RC	26	
Drug Court Judge/Coordinator	**Circuit**	**Date**