

OFFEROR NAME: Tomo Drug Testing

OSCA 18-007
Collector Guideline Acceptance Form



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

Don A. Baine Don A. Baine 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] TCA 29th 5/23/24
Drug Court Judge/Coordinator Circuit Date