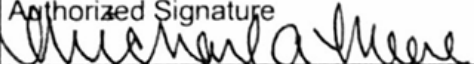


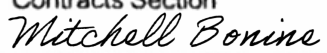
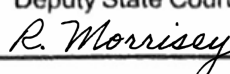
Office of State Courts Administrator**P.O. Box 104480****2112 Industrial Drive****Jefferson City, Missouri 65110-4480****RFP NO. OSCA 23-01792****RENEWAL: 003****TITLE: Drug/Alcohol Testing Equipment
Monitoring Equipment & Services****CONTACT: Mitchell Bonine****PHONE NO.: (573) 522-6766****E-MAIL: osca.contracts@courts.mo.gov****Proposal 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 5/19/2026
Printed Name Michael Moore	Title Owner and CEO
Company Name Employee Screening Services of Missouri LLC. dba Tomo Drug Testing	
Mailing Address 2055 S. Stewart Avenue, Suite A	
City, State, Zip Springfield, Missouri 65804	
E-Mail Address mickey@yourdrugtesting.com	
Telephone Number 888 379 7697	Facsimile Number

Notice of Award (OSCA Use Only)

Accepted by Office of State Courts Administrator as Follows		
As submitted in its entirety		
Contract No. 23 01792 16	Contract Period July 1, 2026 through June 30, 2027	
Contracts Section 	Date 06/22/2026	Deputy State Courts Administrator 

OSCA 23-01792, Drug/Alcohol Testing Equipment, Monitoring Equipment & Services

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

Due to budget shortfalls, 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 as Attachment B.

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

TOMO DOES NOT OFFER ELECTRONIC MONITORING SERVICES

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:

COLLECTOR SERVICES PRICING

The Contractor 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

\$7.00 - \$25.00 per test (maximum)

- Please note, the *Collection Only* pricing is based on the geography of the court program(s), volume of testing and hours of desired operation.
- Flat monthly pricing for collections is also available, which can often be lower than per sample pricing and allow program growth without increased costs in collections up to maximums.

For the following county and circuit:

Tomo is available and willing to make proposals to every County and Circuit in Missouri.

County: _____ Circuit: _____

County: _____ Circuit: _____

County: _____ Circuit: _____

County: _____ Circuit: _____

County: _____ Circuit: _____

County: _____ Circuit: _____

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 July 1, 2026, through June 30, 2027.

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

OFFEROR NAME: Employee Screening Services of Missouri LLC dba Tomo Drug Testing

INSTANT (ONSITE) TESTING PRODUCT	FIRM, FIXED PRICE (ea)
9-panel Dip	\$2.15
10-panel Dip	\$2.15
11-panel Dip	\$2.25
12-panel Dip	\$2.65
6-panel iCup with Adulteration	\$2.89
8-panel iCup with Adulteration	\$3.15
9-panel iCup with Adulteration	\$3.85
10-panel iCup with Adulteration	\$3.95
12-panel iCup with Adulteration	\$4.20
14-panel iCup AD with Adulteration	\$4.25
16-panel Cup with Adulteration	\$4.75
17-panel Slim Cup	\$6.00
20-panel Slim Cup	\$7.00
TCUP Compact 12-panel	\$6.00
Collection Only Urine	\$7.00 -\$25.00 (maximum)
Sweat Patches (includes application, removal & lab test)	FIRM, FIXED PRICE
Standard Panel Sweat Patch	\$88.00

Extended Panel Sweat Patch	\$133.00
----------------------------	----------

- For multi-panel test strips, the variation of individual panels can differ among devices. A Tomo Account Executive can discuss specific panel options available.
- There are options for the treatment court to choose other multi-panel tests where the standard drugs are customized, but these prices are not contained here as the selection of individual panels affects overall pricing. For pricing, please contact a Tomo Account Manager.
- Please note, the *Collection Only* pricing is a maximum amount. Lower pricing is more often available and is based on the geography of the court program(s), volume of testing and hours of desired operation.
- Flat monthly pricing for collections is also available, which can often be lower than per sample pricing and allow program growth without increased costs in collections up to maximums.
- The laboratory pricing **below** is offered by **Abbott (Redwood Toxicology Laboratory)**. They meet all the required certifications and have previously been approved under this contract.

LABORATORY TESTING – Abbott/Redwood Toxicology Urine	FIRM, FIXED PRICE
5 Panel Urine Screen Only (E30)	\$6.50
7 Panel Standard Urine Screen Only (E72)	\$6.50
8 Panel Standard Urine Screen Only (various)	\$6.25
9 Panel Standard Urine Screen Only (various)	\$6.25
10 Panel Standard Urine Screen Only (B45)	\$6.85
12 Panel w/ EtG & Fentanyl Urine Screen Only (B81)	\$8.50
14-panel Urine Screen Only (B03)	\$9.85
13-panel Urine Screen Only (M29)	\$10.10
Designer Stimulants Expanded Panel	\$30.00
Synthetic Marijuana K2/Spice Premium Panel	\$39.00
Fentanyl Premium Panel (29 analytes detected)	\$40.00
Buprenorphine (Add-on / Screen only)	\$2.00 / \$5.50
Fentanyl (Add-on / Screen only)	\$2.00 / \$5.50
Heroin Metabolite (Screen only / Confirmation)	\$5.50 / \$14.00
Oxycodone (Add-on / Screen only)	\$1.50/ \$5.50

OSCA 23-01792, Drug/Alcohol Testing Equipment, Monitoring Equipment & Services

Tramadol (Add-on / Screen only)	\$2.00 / \$8.00
EtG Alcohol Metabolite - Add-on Screen	\$2.50
EtG Alcohol Metabolite Stand Alone – Screen	\$5.50
Dextromethorphan (Screen / Confirmation)	\$5.50 / \$18.00
Kratom	\$40.00
Ketamine	\$30.00
GHB (Confirmation only)	\$40.00
Gabapentin (Confirmation only)	\$35.00
LSD (screen only)	\$25.00
Tianeptine (with confirmation)	\$45.00
Xylazine (screen only)	\$15.00
Specimen Validity Panel (Creatinine & Specific Gravity)	\$5.75
Confirmation per standard drug	\$14.00
Confirmation Buprenorphine	\$23.50
Confirmation Dextromethorphan	\$18.00
Confirmation Fentanyl	\$30.00
Confirmation Heroin	\$14.00
Confirmation Oxycodone	\$14.00
Confirmation Tramadol	\$16.00
Collection only urine specimen	\$7.00 -\$25.00 (maximum)
LABORATORY– Abbott/Redwood Toxicology Oral Fluids (including oral fluid device)	FIRM, FIXED PRICE
Oral Fluid 8-panel screen only (9522)	\$12.80
Oral Fluid 9-panel screen only (9539)	\$13.25
Oral Fluid 10-panel screen only (9541)	\$13.50
Oral Fluid 11-panel screen only (9534)	\$13.75
Oral Fluid 12-panel screen only (9629)	\$14.50
Oral Fluid 12-panel screen only (9584)	\$14.50

OSCA 23-01792, Drug/Alcohol Testing Equipment, Monitoring Equipment & Services

Confirmation per drug	\$20.00
Tramadol confirmation	\$25.00
Oral Fluid 7-panel automatic confirmation (9528)	\$25.25
Oral Fluid 11-panel automatic confirmation (9582)	\$28.00
Collection only oral fluid	\$7.00 - \$25.00 (maximum)

- The laboratory pricing **below** is offered by **Cordant Labs**. They meet all the required certifications and have previously been approved under this contract.

LABORATORY TESTING – Cordant Urine	FIRM, FIXED PRICE
Bath Salts	\$25.00
Synthetic Marijuana K2/Spice	\$25.00
Fentanyl Confirmation	\$20.00
6-AM Confirmation	\$20.00
Standard Drug Confirmations	\$13.00
Tramadol Confirmation	\$20.00
Kratom	\$40.00
Ketamine	\$25.00
GHB Confirmation	\$63.00
Gabapentin	\$35.00
LSD (screen only)	\$25.00
Specimen Validity Panel	\$2.50
Expanded Cannabinoid Panel	\$45.00
10-panel Urine Lab Screen (excludes collection)	\$10.00
11-panel Urine Lab Screen (excludes collection)	\$11.25
12-panel Urine Lab Screen (excludes collection)	\$12.25
Collection only urine specimen	\$25.00 (maximum)
LABORATORY– Cordant Labs Oral Fluids (including	FIRM, FIXED PRICE

OSCA 23-01792, Drug/Alcohol Testing Equipment, Monitoring Equipment & Services

oral fluid device)	
Oral Fluid 7-panel screen only (excludes collection)	\$18.75
Oral Fluid 7-panel w/ auto confirmation (excludes collection)	\$24.00
Oral Fluid 9-panel screen only (excludes collection)	\$10.50
Confirmation per drug	\$20.00
Collection only oral fluid	\$25.00 (maximum)

OSCA 23-01792, Drug/Alcohol Testing Equipment, Monitoring Equipment & Services



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/2/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 3345 S Campbell Ave, Suite B Springfield MO 65807		CONTACT NAME: Julie Scudder PHONE (A/C, No, Ext): 417-841-3222 FAX (A/C, No): E-MAIL: julie_scudder@ajg.com ADDRESS:	
INSURED Employee Screening Services of Missouri, LLC dba Tomo Drug Testing 2055 S. Stewart Ave Springfield MO 65804		INSURER(S) AFFORDING COVERAGE INSURER A : Columbia Casualty Company NAIC # 31127 INSURER B : American Casualty Company of Reading, PA 20427 INSURER C : National Fire Insurance Co of Hartford 20478 INSURER D : INSURER E : INSURER F :	

COVERAGES**CERTIFICATE NUMBER: 1383364564****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		HMA8047380107	7/1/2026	7/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		8047225220	7/1/2026	7/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 0		HMC8047380110	7/1/2026	7/1/2027	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	8047225251	7/1/2026	7/1/2027	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		HMA8047380107	7/1/2026	7/1/2027	Each Claim Aggregate \$1,000,000 \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Excluded Officers: Linda Moore, Molly Overstreet and Maggie Moore.

The Umbrella policy follows form over the General Liability, Professional Liability, Business Auto, and Workers' Compensation coverages.

CERTIFICATE HOLDER**CANCELLATION**

Office of State Courts Administrator
PO Box 104480
Jefferson City MO 65110-4480

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Arthur J. Gallagher Risk Management Services, LLC

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Collector Guideline Acceptance Form
OSCA 17-011

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

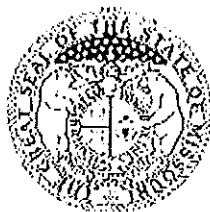
Cherri Smith Cherri Smith 1/9/2026
Collector Printed name Signature Date

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.

Regina Funk TCM 7th Clay Co. 2-11-26
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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☒ 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

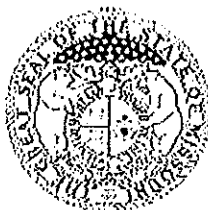
Arthur O. Mack Arthur O. Mack 01-9-26
Collector Printed name Signature Date

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.

Regina Feenk TCM 7th Clay Co 2-11-26
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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☐ 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

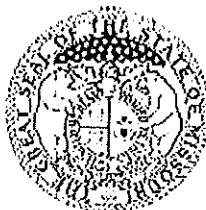
Raymond D. Stevenson [Signature] 1-28-26
Collector Printed name Signature Date

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.

Regina Junk TCM 7th Clay Co 2-11-26
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

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

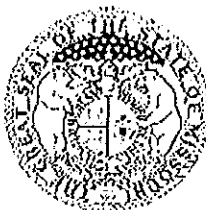
Mary Gibson Mary Gibson 1/9/26
Collector Printed name Signature Date

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.

Regina Junk TCM 7th Day 6 2-11-26
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

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

THURMAN D JACKSON Thurman D. Jackson 1/9/26
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.

Regina Funk TCM 7th Clay Co 2-11-26
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

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

MARC BARNES
Collector Printed name

[Signature]
Signature

1-11-26
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.

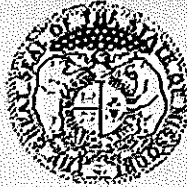
Regina Funk TCM
Drug Court Judge/Coordinator

7th Clay Co
Circuit

2-11-26
Date

Collector Guideline Acceptance Form
OSCA 17-011

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

Karen M. Gurera
Collector Printed name

[Signature]
Signature

01-11-2026
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.

Reynold Zunk TCM 7th Clay Co
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

05/11/2026

FAMILY CARE SAFETY REGISTRY
Background Screening Results - Registrant
Registrant Number: 63128213

RAYMOND DANIEL STEVENSON
203 S 5TH ST APT D
SAVANNAH, MO 64485

Dear FCSR Registrant:

On 05/11/2026, the Family Care Safety Registry (FCSR) processed a request to conduct a background screening. The request for the background screening was made by RAYMOND STEVENSON, 203 S 5TH ST APT D, SAVANNAH, MO, 64485. The requestor was informed that you are registered with the FCSR, and the background screening, confirmation #117908277722, 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

05/14/2026

FAMILY CARE SAFETY REGISTRY
Background Screening Results - Registrant
Registrant Number: 65936848

MARVIN ANTHONY HULTZ
203 COPPER MOUNTAIN DR
COLUMBIA, MO 65202

Dear FCSR Registrant:

On 05/14/2026, the Family Care Safety Registry (FCSR) processed a request to conduct a background screening. The request for the background screening was made by MARVIN HULTZ, 203 COPPER MOUNTAIN DR, COLUMBIA, MO, 65202. The requestor was informed that you are registered with the FCSR, and the background screening, confirmation #117908472862, 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

05/12/2026

FAMILY CARE SAFETY REGISTRY
Background Screening Results - Registrant
Registrant Number: 65070728

WILLIAM DOYLE
1857 ASHLEY ST
MEXICO, MO 65265

Dear FCSR Registrant:

On 05/11/2026, the Family Care Safety Registry (FCSR) processed a request to conduct a background screening. The request for the background screening was made by WILLIAM DOYLE, 1857 ASHLEY ST, MEXICO, MO, 65265. The requestor was informed that you are registered with the FCSR, and the background screening, confirmation #117908287850, 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
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Sarah Willson
Director

Mike Kehoe
Governor

05/07/2026

FAMILY CARE SAFETY REGISTRY
Background Screening Results - Registrant
Registrant Number: 66944867

CHERRI SMITH
1919 NW 82ND TER
KANSAS CITY, MO 64151

Dear FCSR Registrant:

On 05/07/2026, the Family Care Safety Registry (FCSR) processed a request to conduct a background screening. The request for the background screening was made by CHERRI SMITH, 1919 NW 82ND TER, KANSAS CITY, MO, 64151. The requestor was informed that you are registered with the FCSR, and the background screening, confirmation #117908110401, 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.

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Collector Guideline Acceptance Form
OSCA 17-011

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

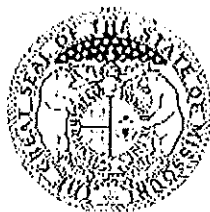
Cherri Smith Cherri Smith 1/9/2026
Collector Printed name Signature Date

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.

Regina Funk TCM 7th Clay Co. 2-11-26
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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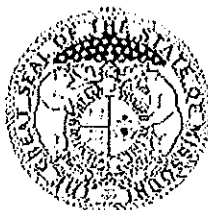
Arthur O. Mack Arthur O. Mack 01-9-26
Collector Printed name Signature Date

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.

Regina Feenk TCM 7th Clay Co 2-11-26
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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☒ 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

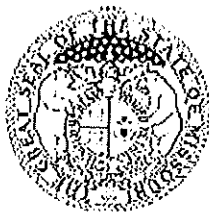
Raymond D. Stevenson [Signature] 1-28-26
Collector Printed name Signature Date

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.

Regina Junk TCM 7th Clay Co 2-11-26
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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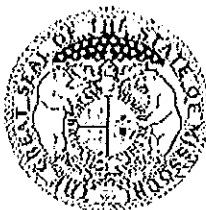
Mary Gibson Mary Gibson 1/9/26
Collector Printed name Signature Date

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.

Regina Junk Tcm 7th Cir Ct 2-11-26
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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THURMAN D JACKSON Thurman D. Jackson 1/9/26
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.

Regina Funk 7th Clay Co 2-11-26
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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☒ 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

MARC BARNES
Collector Printed name

[Signature]
Signature

1-11-26
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.

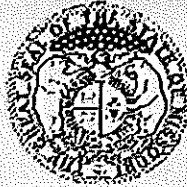
Regina Funk TCM
Drug Court Judge/Coordinator

7th Clay Co
Circuit

2-11-26
Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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☒ 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

Karen M. Gurera
Collector Printed name

[Signature]
Signature

01-11-2026
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.

Reynia Zunk TCM 7th Clay Co
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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☒ 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

William S. Doyle William S. Doyle 4-11-25
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] 13th 4/14/25
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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☒ 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 Brown Laura Brown 5-9-25
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] 13th Circuit 5/14/25
Drug Court Judge/Coordinator Circuit Date

Collector Guideline Acceptance Form
OSCA 17-011

Office of State Courts Administrator



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☒ 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

Karen Cuvera
Collector Printed name

[Signature]
Signature

7-24-2025
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.

Regina Zunk TCM 7th
Drug Court Judge/Coordinator

Circuit

5-2-25
Date

OFFEROR NAME: Tomo Drug Testing

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

Shawn Hamblen [Signature] 5/28/2026
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] EA 29th 5/29/26
Drug Court Judge/Coordinator Circuit Date

OFFEROR NAME: _____

OSCA 23-01792
Collector Guideline Acceptance Form

Office of State Courts Administrator



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DON A. BAINE

Collector Printed name

Don A. Baine

Signature

5/20/26

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

JCA

2946

Circuit

5/29/26

Date

OFFEROR NAME: _____

OSCA 23-01792
Collector Guideline Acceptance Form

Office of State Courts Administrator



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- ☐ I am a commissioned law enforcement officer by the state of Missouri.
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- ☒ 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>Shelley Walters</u>	<u>Shelley Walters</u>	<u>5/19/26</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>TCA</u>	<u>29th</u>
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.
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- ☐ 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

Garett Goodwin Garett Goodwin 5/18/26
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] 29th 5/29/26
Drug Court Judge/Coordinator Circuit Date

OFFEROR NAME: Tomo Drug Testing

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.
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- ☒ 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 A. Moore Michael A. Moore 5/19/2026
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.

C. Alissa Hendricks 39th 05/28/2026
Drug Court Judge/Coordinator Circuit Date

OFFEROR NAME: Tomo Drug Testing

OSCA 23-01792

Collector Guideline Acceptance Form

Office of State Courts Administrator



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- ☒ 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 A. Moore Michael A. Moore 5/19/2026
 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] 384 5-28-26
 Drug Court Judge/Coordinator Circuit Date