|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | **MISSOURI DEPARTMENT OF SOCIAL SERVICES**  **FAMILY SUPPORT DIVISION**  **DRUG CONVICTION EXCEPTION VERIFICATION FOR PROBATION AND PAROLE/COURT COMPLIANCE** | | |
| **Please mark yes or no where indicated regarding the following person’s Probation and Parole/court compliance as related to their felony drug conviction.**  **NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DCN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
|  | | Is this individual complying or have they successfully complied with all obligations imposed by the court, the Division of Alcohol and Drug Abuse, and the Division of Probation and Parole?  **Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Yes  No** |
|  | | Has the individual demonstrated sobriety through urinalysis testing?  **Date of Test: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Yes**  **No** |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Title**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Under the penalty of perjury, I certify that I have given true, accurate, and complete statements to the best of my knowledge. | | | | |