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|  | **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. |