

Soberlink Family Law Order Form

Doc Code: _____



IN AND FOR COUNTY OF _____

CASE NO. _____

Soberlink will use this document to fill out the details of the Soberlink Agreement before it is sent out to the Monitored Client and Concerned Party for signature. Before the monitoring can begin, the Soberlink Agreement must be electronically signed by both parties, and a device must be purchased. The information provided in this document will supersede any other agreements between the Parties and Soberlink.

ORDER

It is agreed/ordered that _____ [Monitored Client] will participate in Soberlink Monitoring under the following conditions. The Monitored Client and Concerned Party can agree to change the Program and/or Plan _____ months after testing has begun.

FAMILY LAW MONITORING PROGRAM (Choose One)

- LEVEL 1 – Parenting Time Only:** Test times should be included in the parenting plan and are managed by the Monitored Client and Concerned Party
- LEVEL 2 – Daily Testing:** 7 days a week, 365 days a year at agreed upon times, managed by Soberlink

IF **LEVEL 2** IS CHOSEN, FILL IN TESTING TIMES BELOW

- The First Test of the Day is _____: 00 AM, and the Last Test of the Day is _____: 00 PM
- Select the total number of scheduled tests per day (Choose One)
 - 2 Tests 3 Tests 4 Tests

**Note: Best practice suggests the first test of the day to occur shortly after waking and the last test of the day to occur prior to preparing to sleep. If more than 2 tests per day are required, the additional test times will be scheduled by Soberlink in between the first and last tests.*

HOW TESTING ACTIVITY IS REPORTED TO CONTACTS (Choose One)

- Basic Plan:** Emailed daily reports of the previous day's testing (No Real-Time Alerts)
- Plus Plan:** Emailed test results in real-time
- Premium Plan:** Text and Emailed Test results in real-time

**Note: Level based pricing can be found at www.soberlink.com. Monitored Client and/or Concerned party can agree to change plan at any time*

WHO IS RESPONSIBLE FOR THE COST OF THE DEVICE & MONTHLY MONITORING?

Monitored Client Concerned Party Other

If Other: Name: _____ Email: _____ Phone #: _____

CONTACT INFORMATION

Monitored Client (The parent who is required to submit tests using the Soberlink Device.)

Name: _____ Email: _____ Phone #: _____

Concerned Party (The person who receives test results and has the best interests of the child(ren) in mind.)

Name: _____ Email: _____ Phone #: _____

Note: The Monitored Client, Concerned Party and additional Contacts will be set up with Default Alerts and Reports. Parties can change their personal Alerts or Reports after setup by emailing support@soberlink.com.

Additional Contact to Receive Alerts or Reports:

Name: _____ Email: _____ Phone #: _____

Name: _____ Email: _____ Phone #: _____

The Above Conditions are agreed upon by:

(Document not valid without signature)

Judge Signature

Date