

# Soberlink Family Law Order Form



Doc Code: \_\_\_\_\_

IN AND FOR COUNTY OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

It is ordered that \_\_\_\_\_ [Monitored Client] will participate in Soberlink Monitoring under the following conditions.

## 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 the Soberlink System



IF **LEVEL 2** IS CHOSEN, FILL IN TESTING TIMES BELOW (Fill Test Times)

- 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 just before bedtime. 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 to unlimited contacts
- Premium Plan:** Text and Emailed Test results in real-time to unlimited contacts

*Note: Pricing varies by level and plan. Details can be found at [www.soberlink.com](http://www.soberlink.com).*

## WHO IS RESPONSIBLE FOR THE MONTHLY MONITORING FEES?

Monitored Client     Concerned Party

### CONTACT INFORMATION

**Monitored Client** (The person 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 #: \_\_\_\_\_

*The Monitored Client, Concerned Party and additional Contacts will be set up with default Alerts and Reports based on the chosen plan. Parties can change their personal alerts or reports after setup by emailing support@soberlink.com.*

**Additional Contacts to receive alerts or reports** (Only Plus and Premium Plans)

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

*Before monitoring can begin, the Monitored Client and Concerned Party will be required to electronically sign a Soberlink Monitoring Program Agreement ("Agreement"). Soberlink will use this order form to fill out the details of the Agreement. The information provided in this document will supersede any other agreements between the Parties and Soberlink. The purpose of this document is to ensure that monitoring is set up correctly. The Monitored Client and Concerned Party may agree to make changes after setup.*

**The above conditions are ordered by:**

*(Document not valid without signature)*

\_\_\_\_\_  
Judge Name

\_\_\_\_\_  
Judge Signature

\_\_\_\_\_  
Date

Send to [support@soberlink.com](mailto:support@soberlink.com) or fax to 310.388.5605