

State of Alabama Unified Judicial System Form JU-38 5/09	ORDER FOR DRUG TEST REIMBURSEMENT	County Code _____	Case Number JU _____ <small>Jurisdiction Year Case# Suffix</small>
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Mark Appropriate Court:

- In the Circuit Court of _____ County
 In the District Court of _____ County

IN THE MATTER OF _____ (initials only), A CHILD

DATE OF TEST	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL CLAIM :	_____

The undersigned declares that the above claim is true and correct, represents the services actually rendered and the amount is due and payable pursuant to Ala. Code 1975 §12-15-215(a)(4). I further declare that the above claim is not a duplication of charges and expenses in any case (companion or otherwise). Said claim should be paid to:

Name and address of Payee: (please type or print, including city, state and zip code)

Telephone No.: _____ Fax No.: _____

 Signature

 Title

Sworn to and subscribed before me this _____ Day of _____, _____

 Notary Public

I, the undersigned judge, hereby certify that the foregoing claim has been presented to me, and I have reviewed the same and believe the same to be true, correct and payable pursuant Ala. Code 1975, §12-15-215(a)(4). I am further of the opinion that said claimant is not duplicating charges and expenses in any case (companion or otherwise).

Based on the above, I hereby approve the declaration and claim in the amount of \$ _____ and order that the State of Alabama reimburse _____ (payee).

Done this _____ day of _____, _____

 Judge's Signature

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES OF THE CLAIMANT AND THE JUDGE. THIS FORM MUST BE SUBMITTED TO THE TRIAL COURT JUDGE OR PRESIDING JUVENILE JUDGE FOR APPROVAL. AFTER APPROVAL, FILE WITH THE CLERK WHO SHALL SUBMIT THE ORIGINAL DECLARATION TO THE STATE COMPTROLLER.

Filed in the Clerk's Office at _____, Alabama, on _____ date

MAIL TO: State Comptroller, P.O. BOX 302602, Montgomery, Alabama 36130-2602.