



ORANGE COUNTY CORRECTIONS DEPARTMENT
COMMUNITY CORRECTIONS DIVISION
ACKNOWLEDGEMENT FORM



OBSERVED URINALYSIS & ALCOHOL SCREENING NOTICE

- Pursuant to conditions of your supervision order or Diversion contract, you are subject to random urine testing and alcohol screening to detect possible use of alcohol, drugs or other controlled substances.
- You are advised that refusal/or failure to submit to such testing, or tampering with a urine specimen will be treated as a positive urine result, and may result in a violation of probation or a revocation from supervision. Pursuant to Florida Statute 817.565, you may also be charged with a new criminal offense for attempting to defraud a urine test.
- Any positive result may lead to a violation of probation or revocation from supervision or other sanctions as deemed appropriate by your supervising officer.

STATEMENT OF USE AND PURPOSE FOR THE COLLECTION OF SOCIAL SECURITY NUMBERS

Pursuant to FSS 119.071(5)(a) 3

- The Orange County Corrections Department (OCCD) has collected your social security number (SSN) as required by FSS 119.071. The OCCD will use it for the purpose of confirming your identity, and sharing it with other governmental agencies to identify records linked to that SSN. This collection and use of your SSN is required for the OCCD to fulfill its lawful duties and responsibilities.

PRISON RAPE ELIMINATION ACT (PREA)

- The Orange County Corrections Department has zero tolerance regarding sexual assault within our facilities. We do not tolerate any level of sexual harassment, misconduct or assault. Every effort will be made to prevent sexual assault and misconduct from occurring. Every allegation will be investigated, every perpetrator will be punished and every victim will be offered services.

Acknowledgement: I, the undersigned, have read this information and understand these instructions. I understand that the court may be informed if I fail to cooperate or provide false, incomplete, or misleading information. **My signature below also acknowledges that I have received the Community Corrections Department Information Brochure CONTAINING INFORMATION REGARDING THE OFFENDER GRIEVANCE PROCESS.**

Offender

Date

Community Corrections Officer

Date