

State of Maryland
 Department of Public Safety and Correctional Services
 Division of Parole and Probation

Admission of Substance Use

Supervised Individual's Name: _____

SID #: _____ DPP#: _____

Collected By: _____ Specimen Number: _____

Date Collected: _____ Time Collected: _____ AM PM

Type of Screening: _____ Oral Swab - T Cube _____ Alcohol Reditest _____
 _____ Urine - T CUP _____

Screening Test Results

Substance	Positive Results
Opiates	
Cocaine	
Cannabinoids	
Benzodiazepines	
Methamphetamines	
Buprenorphine	

Substance	Positive Results
Amphetamines	
Oxycodone	
PCP	
Fentanyl	
Alcohol	
Other:	

**** Tester: Please check all that apply**

I admit that I used the substance(s) for which I have tested positive, as reflected above. I understand that because I have admitted to using the substance(s), a GCMS confirmation test will not be conducted. I will accept the sanction to be imposed by the Division of Parole and Probation as the result of my truthful admission of substance use.

Supervised Individual's Signature: _____ Date: _____

WITNESSES:

 Signature

 Title

 Date

 Signature

 Title

 Date