



DENISE DENICOLO, M.S.
SUBSTANCE ABUSE PROFESSIONAL

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REQUEST FOR SAP FORENSIC SERVICES

EMPLOYEE INFORMATION

Employee: _____ Social Security #: _____

DOB: _____

DL# _____ State: _____ Exp: _____

Address: _____

Phone #: _____

Email: _____

VIOLATION INFORMATION

What was the violation? _____

Date of Incident: _____

TESTED POSITIVE FOR: (check appropriate response)

<input type="checkbox"/>	Alcohol	Testing level of:
<input type="checkbox"/>	Drugs	Specify:

REASON FOR SAP SERVICES

<input type="checkbox"/>	Pre-employment	FMCSA (Federal Motor Carrier Safety Administration)
<input type="checkbox"/>	Post Accident	FRA (Federal Railroad Administration)
<input type="checkbox"/>	Random	FTA (Federal Transit Administration)

	Reasonable Suspicion	FAA (Federal Aviation Administration)
	Return To Duty	RSPA (Research & Special Programs)
	Follow-Up	USCG (United States Coast Guard)

EMPLOYER INFORMATION

Current employment status: _____

Employer: _____

Employer Address: _____

DER Name & Title: _____

DER Phone: _____

DER Fax: _____

COURT (or Attorney) INFORMATION

Reason For Services: _____

Court Cause/Case #: _____

Attorney's Information: _____

Attorney's Email: _____

IF THIS IS FOR A CHILD CUSTODY EVALUATION

Children's Names: _____

Court Cause/Case #: _____

Other Parent's Name: _____

Address: _____

