

FILED
MADISON COUNTY

**IN THE CIRCUIT COURT OF MADISON COUNTY, MISSISSIPPI
TWENTIETH CIRCUIT ADULT DRUG TREATMENT COURT**

JAN 16 2020

ANITA WRAY, CIRCUIT CLERK
BY JB D.C.

ORDER

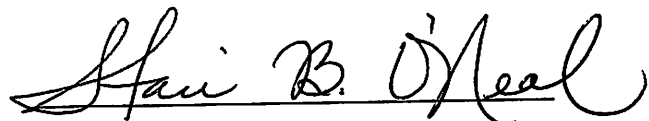
THIS CAUSE, came before the Court, *sua sponte*, and the Court hereby submits the following invoice(s) attached as Exhibit "A" to the Madison County Board of Supervisors for payment at its next regularly scheduled meeting. The Court finds that the invoices constitute necessary and ordinary expenses of Twentieth Circuit Adult Drug Treatment Court and that the same should be paid with the previously awarded grant funds. The items listed below have been approved as allowable expenses under said grant(s):

Vendor	Invoice Number	Amount	GL Fund Number
Court Watch, Inc.	136881	\$410.00	191-161-506
Court Watch, Inc.	138030	\$380.00	191-161-506
Court Watch, Inc.	139164	\$75.00	191-161-506
Court Watch, Inc.	139202	\$75.00	191-161-506
Court Watch, Inc.	139203	\$75.00	191-161-506
Court Watch, Inc.	139204	\$75.00	191-161-506
Court Watch, Inc.	137836	\$30.00	191-161-506
Court Watch, Inc.	142131	\$75.00	191-161-506
Court Watch, Inc.	140719	\$75.00	191-161-506
Court Watch, Inc.	137641	\$75.00	191-161-506
Region 8	305602	\$2984.00	191-161-506
Region 8	304497	\$1525.13	191-161-506
Metrix Solutions	PO	\$1966.30	191-161-603
AEM	10210	\$508.50	191-161-506
AEM	10328	\$550.00	191-161-506
Redwood Toxicology	701376	\$3120.00	191-161-506
Redwood Toxicology	704502	\$4992.00	191-161-506
Redwood Toxicology	707137	\$4992.00	191-161-506
Redwood Toxicology	121306201911	\$2175.50	191-161-506
Redwood Toxicology	121306201912	\$1757.00	191-161-506
Region 8	32779	\$75.00	191-161-581
Pearson Vue/Card Serv.	0052-1791-8215	\$480.00	194-161-606
Ged Marketplace/Card	128706	\$600.00	194-161-606
Oxford House	Remit: Windham	\$560.71	194-161-581
Oxford House	Remit: Windham	\$740.00	194-161-581
Region 8	32779	\$1330.00	194-161-581
Region 8	305167	\$3504.00	194-161-581
Region 8	305353	\$2336.00	194-161-581
Region 8	16064	\$4380.00	194-161-581
Region 8	305602	\$4380.00	194-161-581

Region 8	307016	\$876.00	194-161-581
Region 8	7609	\$675.00	194-161-581
Region 8	32779	\$3750.00	194-161-581
Region 8	16064	\$246.00	194-161-581
Region 8	304497	\$556.09	194-161-581
Region 8	85222	\$2628.00	194-161-581
Region 8	305167	\$1122.00	194-161-581
Region 8	305602	\$620.00	194-161-581
Court Watch, Inc.	139494	\$350.00	194-161-581
Court Watch, Inc.	136894	\$400.00	194-161-581
Court Watch, Inc.	139282	\$400.00	194-161-581
Court Watch, Inc.	138032	\$50.00	194-161-581
Court Watch, Inc.	138033	\$400.00	194-161-581
Court Watch, Inc.	136225	\$325.00	194-161-581
Court Watch, Inc.	140388	\$50.00	194-161-581
Court Watch, Inc.	140389	\$350.00	194-161-581
Court Watch, Inc.	140596	\$50.00	194-161-581
Court Watch, Inc.	140940	\$50.00	194-161-581
Court Watch, Inc.	139723	\$50.00	194-161-581
Court Watch, Inc.	139722	\$50.00	194-161-581
Court Watch, Inc.	139721	\$50.00	194-161-581
Metrix Solutions	PO	\$1123.69	194-161-919

IT IS HEREBY ORDERED that the Madison County Board of Supervisors shall pay the invoice(s) attached hereto as Exhibit "A".

SO ORDERED, this the 16th day of January, 2020.



SPECIAL CIRCUIT COURT JUDGE STACI O'NEAL

Court Watch, Inc.

6512 Dogwood View Parkway
 Suite B
 Jackson, MS 39213

Phone: 601-949-9860
 Fax: 601-949-9959
 Email: www.counselingms.com

Statement

Statement #: 4272019
 Date: September 26, 2019
 Customer ID: 20th Circuit Ct Dist Drug Ct

Bill To: Madison Co. Board of Supervisors
 PO Box 608

Remittance Amount Enclosed: Remittance amount

Canton, MS 39046

Date	Type	Invoice #	Description	Amount	Payment	Balance
July 19, 2019	GPS Monitoring	136881	Sara M.	\$ 410.00		\$ 410.00
					Total	410.00

Reminder: Please include the statement number on your check.

Terms: Balance due in 30 days.

REMITTANCE	
Customer Name:	Madison Co. Board of Supervisors
Customer ID:	20th Circuit Ct Dist Drug Ct
Statement #:	4272019
Date:	September 26, 2019
Amount Due:	\$ 410.00
Amount Enclosed:	Remittance amount

Staci O'Neal
 1-949-161-506

Exhibit "A"

Court Watch

6512 Dogwood View Parkway
 Suite A
 Jackson, MS 39213

Invoice

DATE	INVOICE #
7/19/2019	136881

BILL TO
20th Circuit Intervention Court

SERVICE TO
Sara M.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		06090023

QUANTITY	DESCRIPTION	RATE	AMOUNT
36	House arrest hook up fee-one time	50.00	50.00
	GPS Tracking service	10.00	360.00
			191-161-506
		Total	\$410.00

Court Watch, Inc.

6512 Dogwood View Parkway
Suite B
Jackson, MS 39213

Phone: 601-949-9960
Fax: 601-949-9959
Email: www.counselingms.com

Statement

Statement #: 4222019
Date: August 24, 2019 -
Customer ID: 20th Circuit Ct Dist Drug Ct

Bill To: Madison Co. Board of Supervisors
PO Box 608

Remittance Amount Enclosed: Remittance amount

Canton, MS 39046

Date	Type	Invoice #	Description	Amount	Payment	Balance
August 24, 2019	GPS Monitoring	138030	Sara M.	\$ 380.00		\$ 380.00
					Total	380.00

Reminder: Please include the statement number on your check.

Terms: Balance due in 30 days.

REMITTANCE	
Customer Name:	Madison Co. Board of Supervisors
Customer ID:	20th Circuit Ct Dist Drug Ct
Statement #:	4222019
Date:	August 24, 2019
Amount Due:	\$ 380.00
Amount Enclosed:	Remittance amount

191-161-506
Stan Neal

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
8/24/2019	138030

BILL TO
20th Circuit Intervention Court

SERVICE TO
Sara M.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		06090023

QUANTITY	DESCRIPTION	RATE	AMOUNT
38	GPS Tracking service (Aug 24 - Sept 30)	10.00	380.00
Total			\$380.00

Court Watch, Inc.

6512 Dogwood View Parkway
 Suite B
 Jackson, MS 39213

Phone: 601-949-9960
 Fax: 601-949-9959
 Email: www.counselingms.com

Statement

Statement #: 4242019
 Date: September 11, 2019
 Customer ID: 20th Circuit Ct Dist Drug Ct

Bill To: Madison Co. Board of Supervisors
 PO Box 608

Remittance Amount Enclosed:	Remittance amount
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Canton, MS 39046

Date	Type	Invoice #	Description	Amount	Payment	Balance
September 5, 2019	Hair Test	139164	Desmond M.	\$ 75.00		\$ 75.00
September 5, 2019	Hair Test	139202	Dusti S.	\$ 75.00		\$ 75.00
September 5, 2019	Hair Test	139203	Dana W.	\$ 75.00		\$ 75.00
September 5, 2019	Hair Test	139204	Tricia S.	\$ 75.00		\$ 75.00
					Total	300.00

Reminder: Please include the statement number on your check.

Terms: Balance due in 30 days.

REMITTANCE	
Customer Name:	Madison Co. Board of Supervisors
Customer ID:	20th Circuit Ct Dist Drug Ct
Statement #:	4242019
Date:	September 11, 2019
Amount Due:	\$ 300.00
Amount Enclosed:	Remittance amount

Hair O'Neal
 191-161-506

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
9/5/2019	139164

BILL TO
20th District Intervention Court

SERVICE TO
Desmond M.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	BLC		17020251

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Hair Test	75.00	75.00
Total			\$75.00

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
9/5/2019	139202

BILL TO
20th District Drug Court

SERVICE TO
Dusti S.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	BLC		

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Hair Test	75.00	75.00
		Total	\$75.00

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
9/5/2019	139203

BILL TO
20th District Drug Court

SERVICE TO
Dana W.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	KN		18020110

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Hair Test	75.00	75.00
Total			\$75.00

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
9/5/2019	139204

BILL TO
20th District Drug Court

SERVICE TO
Tricia S.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		19010977

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Hair Test	75.00	75.00
		Total	\$75.00

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
8/8/2019	137836

BILL TO
20th Circuit Intervention Court

SERVICE TO
Angela J.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt			

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Monthly drug screen (confirmation) AOC adult drug court 191-161-504	30.00	30.00
Total			\$30.00

Court Watch, Inc.

6812 Dogwood View Parkway
 Suite B
 Jackson, MS 39213

Phone: 601-949-9980
 Fax: 601-949-9959
 Email: www.counselingms.com

Statement

Statement #: 4282019
 Date: November 20, 2019
 Customer ID: 20th Circuit Ct Dist Drug Ct

Bill To: Madison Co. Board of Supervisors
 PO Box 608

Remittance Amount Enclosed: Remittance amount

Canton, MS 39046

Date	Type	Invoice #	Description	Amount	Payment	Balance
June 18, 2019	Hair Test	142131	William G. ¹⁹¹⁻¹⁶¹⁻⁵⁰⁶	\$ 75.00		\$ 75.00
October 3, 2019	Hair Test	140719	Michael F. ¹⁹¹⁻¹⁶¹⁻⁵⁰⁶	\$ 75.00		\$ 75.00
October 3, 2019	Assessment & Treatment	140388 & 140389	Susanna D. ¹⁹⁴⁻¹⁶¹⁻⁵⁸¹	\$ 400.00		\$ 400.00
October 15, 2019	Assessment	140598	Kourland B. ¹⁹⁴⁻¹⁶¹⁻⁵⁸¹	\$ 60.00		\$ 60.00
October 30, 2019	Assessment	140840	Shaeffer P. ¹⁹⁴⁻¹⁶¹⁻⁵⁸¹	\$ 60.00		\$ 60.00
					Total	650.00

Reminder: Please include the statement number on your check.

Terms: Balance due in 30 days.

REMITTANCE	
Customer Name:	Madison Co. Board of Supervisors
Customer ID:	20th Circuit Ct Dist Drug Ct
Statement #:	4282019
Date:	November 20, 2019
Amount Due:	\$ 650.00
Amount Enclosed:	Remittance amount

~~\$150.00~~ - 191-161-506
~~\$500.00~~ 194-161-581

OK Army D Thacker 12/3/19

Staci O'Neal

Court Watch

6512 Dogwood View Parkway
Suite A

Invoice

DATE	INVOICE #
6/18/2019	142131

BILL TO
20th Circuit District Intervention Court

SERVICE TO
William G.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	KN		17020301

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Hair Test	75.00	75.00
<i>Staci O'Neal</i>			
Total			\$75.00

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
10/3/2019	140719

BILL TO
20th Circuit Court District Intervention Court

SERVICE TO
Michael F.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		17010463

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Hair Test	75.00	75.00
		Total	\$75.00

Handwritten signature: ✓ Hair Test

Court Watch

6512 Dogwood View Parkway
 Suite A
 Jackson, MS 39213

Invoice

DATE	INVOICE #
8/1/2019	137641

BILL TO
20th Circuit Intervention Court

SERVICE TO
Windle H.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	BLC		

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Hair Test	75.00	75.00
<p><i>AOC adult drug court 191-161-506</i></p>			
Total			\$75.00

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER
INSURED'S ID:
INDIVIDUAL NAME:
ACCOUNT NUMBER:

ANGELYN MCNALLY
305602

to: 20th Circuit Adult Drug Court
128 N. West Street
Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
EMAIL: Jessica.Carr@madison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGE	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$3,604.00

DATE	PLACE OF SERVICE	PROCEDURE CODE DAYS	PRESCRIBER CLINICIAN	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENTS	INSURANCE PAYMENT	NET FEE
10/8-31/2019	ResTreatment Center A&D Screening	24	K. Hill K. Hill	F15.20 / F11.21	\$146.00 \$100.00	\$0.00 \$0.00	0.00 0.00	\$0.00 \$0.00	\$3,504.00 \$100.00

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN : 64-054893

Spencer \$620 out 194-161-581
Amy D. Hissett 01/08/2020
\$2984.00 191-161-~~581~~
506

ADULT DRUG COURT

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER

INSURED'S ID:

INDIVIDUAL NAME:

ACCOUNT NUMBER:

David Capps
304497

TO: 20th Circuit Adult Drug Court
128 N. West Street
Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
EMAIL: Jessica.Carr@madison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$2,081.22

DATE	PLACE OF SERVICE	PROCEDURE CODE DAYS	PRESCRIBER CLINICIAN	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENTS	INSURANCE PAYMENT	NET FEE
10/1-15/19	Residential Treatment	14	R. Cross	304.4	\$146.00	\$0.00	0.00	\$0.00	\$2,044.00
10/8/2019	Med Eval	99212	M. Floyd	304.4	\$37.22	\$0.00	0.00	\$0.00	\$37.22

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN : 64-054893

Handwritten: 556.09 out of 194-161-581
#1525.13 out of 191-161-~~581~~ 506
ADULT DRUG COURT

Handwritten: Amy D. Nish # 01/08/2020

190 E Capitol Street, Suite 175
Jackson, MS 39201
www.metrixsolutions.com
1 (888) 974-5386



Desktops and Laptop for Drug Court - 2019-9-19

Prepared by:
Metrix Solutions
Patty Grim
865-293-0049
Fax 601-510-9718
pattygrim@pileum.com

Prepared for:
Madison County
146 West Center Street
Canton, MS 39046
Duane Thompson
duane.thompson@madison-co.com
(601) 855-5508

Quote Information:
Quote #: 041549
Version: 1
Delivery Date: 09/19/2019
Expiration Date: 10/19/2019

Quote Summary

Description	Amount
Products	\$3,039.99
Subtotal:	\$3,039.99
Shipping:	\$50.00
Total:	\$3,089.99

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

Signature

Date

no invoice received yet

Amy D. Nisbett

1-8-2020

ADULT DRUG COURT

1123.69 - 194-161-919
1966.30 - 191-161-603



We have prepared a quote for you

Desktops and Laptop for Drug Court - 2019-9-19

Quote # 041549
Version 1

Prepared for:

Madison County

Duane Thompson
duane.thompson@madison-co.com

Products

Item	Description	Price	Qty	Ext. Price
210-ASDO	OptiPlex 5070 MT MLK 210-ASDO - OptiPlex 5070 MT XCTO 338-BNZU - Intel Core i5-8500 (6 Cores/9MB/6T/up to 4.1GHz/65W); supports Windows 10/Linux 619-AHKN - Win 10 Pro 64 English, French, Spanish 630-AAPK - No Productivity Software 370-AEBK - 8GB 1X8GB DDR4 2666MHz UDIMM Non-ECC 400-AWFO - 3.5" 500GB 7200rpm SATA Hard Disk Drive 401-AANH - No Additional Hard Drive 490-BBFG - Intel Integrated Graphics, Dell OptiPlex 325-BCXM - DVD+/-RW Bezel 429-ABFH - 8x DVD+/-RW 9.5mm Optical Disk Drive 631-ACDE - Intel Standard Manageability 379-BBHM - No Media Card Reader 340-AFMQ - No Wireless Driver 492-BBFF - No PCIe add-in card 580-ADJC - Black Dell KB216 Wired Multi-Media Keyboard English 275-BBBW - Black Dell MS116 Wired Mouse 325-BCZQ - No Cable Cover 379-BBCY - No Additional Cable Requested 817-BBBC - Not selected in this configuration 575-BBBI - No Integrated Stand option 525-BBCL - SupportAssist 640-BBLW - Dell(TM) Digital Delivery Cirrus Client 658-BBMR - Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps) 658-BBRB - Waves Maxx Audio 658-BCUV - Dell Developed Recovery Environment 658-BEGP - Software for OptiPlex Systems 620-AAOH - No Media 387-BBLW - ENERGY STAR Qualified 429-ABGY - No External ODD 658-BCUV - Dell Developed Recovery Environment 555-BBFO - No Wireless LAN Card 329-BEIN - OptiPlex 5070 Tower (Bronze) 461-AAEF - Chassis Intrusion Switch Tower 329-BBJL - TPM Enabled 492-BCKH - No Additional Video Ports 379-BDLB - Dell Watchdog Timer 340-CMEZ - Quick Setup Guide 5070 Tower 389-CGBB - Intel(R) Core(TM) i5 Processor Label	\$779.90	2	\$1,559.80

Products

Item	Description	Price	Qty	Ext. Price
	450-AAOJ - System Power Cord (Philippine/TH/US)			
	340-AGIK - Safety/Environment and Regulatory Guide (English/French Multi-language)			
	389-BCGW - No UPC Label			
	332-1286 - US Order			
	800-BBIO - Desktop BTO Standard shipment			
	658-BBTV - CMS Essentials DVD no Media			
	389-DQJO - MT: EPA Regulatory LBL for Mexico			
	551-BBBJ - No Intel Responsive			
	817-BBBB - No FGA			
	400-BFPO - No Optane			
	650-AAAM - No Anti-Virus Software			
	340-CDWT - Ship Material for OptiPlex Tower			
	389-BBUU - Shipping Label for DAO			
	382-BBHX - No Additional Add In Cards			
	461-AABF - No CompuTrace			
	804-9043 - Dell Limited Hardware Warranty Plus Service			
	804-9091 - ProSupport Plus: Accidental Damage Service, 3 Years			
	804-9092 - ProSupport Plus: Keep Your Hard Drive, 3 Years			
	804-9093 - ProSupport Plus: Next Business Day Onsite 3 Years			
	804-9094 - ProSupport Plus: 7x24 Technical Support, 3 Years			
	997-8367 - Thank you for choosing Dell ProSupport Plus. For tech support, visit www.dell.com/contactdell or call 1-866-516-3115			
	365-1176 - System Box Asset Label without PO			
210-AIJJ	Dell 19S Monitor - P1917S Dell Limited Hardware Warranty Advanced Exchange Service, 3 Years	\$178.25	2	\$356.50
210-ARXJ	Dell Latitude 5400 210-ARXJ - Latitude 5400 BTX Base 379-BDLC - 8th Generation Intel Core i5-8365U Processor (4 Core, 6MB Cache, 1.6GHz, 15W, vPro-Capable) 619-AHKN - Win 10 Pro 64 English, French, Spanish 630-AAPK - No Productivity Software 338-BRMF - Intel Core i5-8365U Processor with Integrated Intel UHD 620 Graphics 631-ACBI - Intel vPro Technology Enabled 370-AECX - 8GB, 1x8GB, DDR4 Non-ECC 400-BDXG - M.2 256GB PCIe NVMe Class 35 Solid State Drive 340-CKSZ - No AutoPilot 998-DNGJ - Fixed Hardware Configuration 570-AADK - No Mouse	\$1,123.69	1	\$1,123.69

Products

Item	Description	Price	Qty	Ext. Price
	525-BBCL - SupportAssist			
	640-BBLW - Dell(TM) Digital Delivery Cirrus Client			
	658-BBMR - Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps)			
	658-BBRB - Waves Maxx Audio			
	658-BCUV - Dell Developed Recovery Environment			
	658-BDVK - Dell Power Manager			
	658-BEGG - Dell Latitude 5400 SRV			
	389-DPGZ - Regulatory Label, FCC			
	340-AAPP - Direct ship Info Mod			
	340-CMDY - Smart Select MIN SHIP (DAO/BCC)			
	451-BCIP - 4 Cell 68Whr ExpressCharge™ Capable Battery			
	583-BFKP - Dual Pointing Backlit US English Keyboard			
	555-BEDV - Intel® Dual Band Wireless AC 9560 (802.11ac) 2x2 + Bluetooth 5.0			
	555-BEUN - Driver for Intel® Dual Band Wireless AC 9560 (802.11ac) 2x2 + Bluetooth 5.0			
	556-BBCD - No Mobile Broadband Card			
	650-AAAM - No Anti-Virus Software			
	429-AATO - No Removable CD/DVD Drive			
	430-XXYG - No Resource DVD / USB			
	620-AALW - OS-Windows Media Not Included			
	389-CGJO - 8th Gen Intel Core i5 vPro processor label			
	340-ACQQ - No Option Included			
	387-BBNO - ENERGY STAR Qualified			
	340-CLYF - Latitude 5400 Quick Start Guide			
	450-AAEJ - US Power Cord			
	492-BBXF - 65W AC Adapter, 7.4mm Barrel			
	800-BBQH - BTS/BTP Smart Selection Shipment (VS)			
	346-BFJQ - Dual Pointing, Contacted SmartCard Reader, Displayport over Type-C			
	321-BEKW - Latitude 5400 bottom door			
	389-BKKL - EAN label			
	332-1286 - US Order			
	391-BEIO - 14" HD (1366 x 768) Anti-Glare Non-Touch, Camera & Mic, WLAN/WWAN Capable, Privacy Shutter			
	340-AGIK - Safety/Environment and Regulatory Guide (English/French Multi-language)			
	365-0896 - Client ProSupport Plus Asset Label without Company Name			
	377-8262 - CFI,Information,VAL,CHASSISDEF,Factory Install			
	975-3461 - Dell Limited Hardware Warranty Extended Year(s)			

190 E Capitol Street, Suite 175
 Jackson, MS 39201
 www.metrixsolutions.com
 1 (888) 974-5386



Products

Item	Description	Price	Qty	Ext. Price
	997-8317 - Dell Limited Hardware Warranty			
	997-8366 - ProSupport Plus: Next Business Day Onsite, 1 Year			
	997-8367 - Thank you for choosing Dell ProSupport Plus. For tech support, visit www.dell.com/contactdell or call 1-866-516-3115			
	997-8380 - ProSupport Plus: 7x24 Technical Support, 3 Years			
	997-8381 - ProSupport Plus: Next Business Day Onsite, 2 Year Extended			
	997-8382 - ProSupport Plus: Keep Your Hard Drive, 3 Years			
	997-8383 - ProSupport Plus: Accidental Damage Service, 3 Years			

Subtotal: \$3,039.99

Shipping

Item	Description	Price	Qty	Ext. Price
Shipping		\$50.00	1	\$50.00

Subtotal: \$50.00

P U R C H A S E O R D E R
MADISON COUNTY BOARD OF SUPERVISORS
P.O. BOX 608
CANTON, MISSISSIPPI 39046
601-855-5503

: PO No : 200062 :

Req. No 200072
Page 1

: T O :----- : S H I P T O :-----
: 14302 : :
: METRIX SOLUTIONS, LLC : :
: 1888 MAIN STREET : :
: SUITE C #117 : :
: MADISON MS 39110 : :

: Date Ordered : Date Required : Department : Entered by:
: 11/19/2019 : 12/18/2019 : 161 CIRCUIT COURT : KBUCKNER :

Quantity:	Item Description	Unit Cost	Extension
2.00	191161603:OPTIPLEX 5070 DESKTOP	779.90EA:	1559.80:
1.00	191161603:DELL LATITUDE 5400 LAPTOP	1123.69EA:	1123.69:
2.00	191161603:DELL MONITOR	178.25EA:	356.50:
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*ok Amy D. Buckner
1-8-2020*
ADULT DRUG COURT:

00000000 Total \$3,039.99:

Signed: *Kesha Buckner*
Kesha Buckner
Purchase Clerk
601-855-5503
kesha.buckner@madison-co.com

CORRECT PURCHASE ORDER NUMBER MUST APPEAR ON ALL SHIPMENTS AND INVOICES
INVOICE AMOUNTS GREATER THAN PURCHASE ORDER AMOUNT CANNOT BE PAID

Amy D. Buckner

Requisition 0200072 Date 11/18/2019
MADISON COUNTY
P O BOX 608
CANTON, MS. 39046
(601)855-5500
REFER TO PURCHASING OFFICE

CIRCUIT COURT
ADULT DRUG COURT

Vendor: 14302
METRIX SOLUTIONS, LLC
1888 MAIN STREET
SUITE C #117
MADISON MS 39110

Ship To: VIA:
MADISON COUNTY
CENTRAL RECEIVING
146 WEST CENTER STREET
CANTON, MS 39046

Quantity	Description of Supplies, Equip, Srvc:	Unit Cost	EA:	Extended
2.00	:191161603 OPTIPLEX 5070 DESKTOP :	779.90	EA:	1559.80
1.00	:191161603 DELL LATITUDE 5400 LAPTO:	1123.69	EA:	1123.69
2.00	:191161603 DELL MONITOR :	178.25	EA:	356.50

Total

\$3,039.99

Approved By





Adapts Electronic Monitoring LLC dba AEM
 1020 North Gloster St #149
 Tupelo, MS 38801 US
 6622313653
 andy@aemmlss.com

INVOICE

BILL TO
 20th Judicial Drug Court

INVOICE # 10210
DATE 11/30/2019
DUE DATE 12/30/2019
TERMS Net 30

ACTIVITY	QTY	RATE	AMOUNT
Alcohol Monitoring:OSM App Only App monitoring	45	2.00	90.00
Locallon Monitoring:Shadow Active+ Monitoring Shadow Active+ Monitoring	9	5.50	49.50
Locallon Monitoring:Shadow Active+ Monitoring Shadow Passive	60	5.00	300.00
Locallon Monitoring:GPS Idle Rate GPS Idle Rate	23	1.50	34.50
Locallon Monitoring:GPS Idle Rate GPS Idle Rate Credit 1/month	23	1.50	34.50

Thanks for your business!

BALANCE DUE

\$508.50

Staci B. O'Neal
 12/12/19

ADULT DRUG COURT
 191-161-506



Adapts Electronic Monitoring LLC dba AEM
 1020 North Gloster St #149
 Tupelo, MS 38801 US
 6622313653
 andy@aemmiss.com

INVOICE

BILL TO
 20th Judicial Drug Court

INVOICE # 10328
 DATE 12/31/2019
 DUE DATE 01/30/2020
 TERMS Net 30

ACTIVITY	QTY	RATE	AMOUNT
Alcohol Monitoring:OSM App Only App monitoring	77	2.00	154.00
Alcohol Monitoring:OSM Alcohol Monitoring Celluar Alcohol Monitoring	19	5.00	95.00
Location Monitoring:Shadow Active+ Monitoring Shadow Active+ Monitoring	0	5.50	0.00
Location Monitoring:Shadow Active+ Monitoring Shadow Passive	56	5.00	280.00
Location Monitoring:GPS Idle Rate GPS Idle Rate	68	1.50	102.00
Location Monitoring:GPS Idle Rate GPS Idle Rate Credit 1/month	31	-1.50	-46.50
Location Monitoring:GPS Idle Rate GPS Idle Rate Credit for Nov billing error	23	-1.50	-34.50

Thanks for your business!

BALANCE DUE

\$550.00

Santhel
 \$0.

ADULT DRUG COURT

191-1101-506

HISTORICAL

Invoice	701376
Date	10/22/2019
Page	1
Contract No.	41

Redwood Toxicology Laboratory, Inc.

Reditest Screening Devices
P.O. Box 14327
Santa Rosa CA 95402-6327

Tel: (800) 255-2159
Fax: (707) 569-1442
Contract #MSDRUG

Bill To:

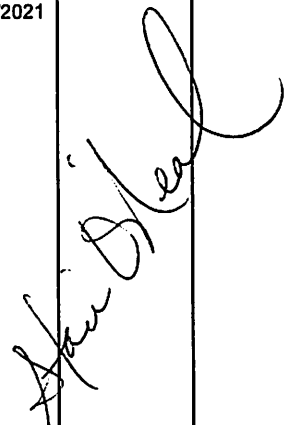
Accounts Payable
The 20th Circuit Drug Court - Canton
146 W Center Street
CANTON MS 39046-3735

Ship To:

Ms. Jessica Carr
The 20th Circuit Drug Court - Canton
146 West Center St
Central Receiving
CANTON MS 39046
Phone: (601) 573-9325 Ext. 0000

Purchase Order No.		Customer ID		Entered By	Shipping Method	Payment Terms	Req Ship Date	Master No.	
200021		121306		kkouonsavath	GROUND NO CHG	Net 30	10/22/2019	7,086,484	
Ordered	Shipped	B/O	Item Number	Description		Unit Price	Adjustment	Net Unit Price	Ext. Price
500	500	0	015010015	FFUO CUP 13 ETG500/FEN20/TRAM20		\$6.24	\$0.00	\$6.24	\$3,120.00
				Lot #:	W51390709	Qty:	500	Exp:	7/8/2021

ADULT DRUG COURT
191-1161-506



jessica.carr@madison-co.com

Subtotal	\$3,120.00
Misc	\$0.00
Tax	\$0.00
Handling	\$0.00
	\$0.00
Total	\$3,120.00

CLAIMS: All claims must be made within 30 days from date of invoice.
TERMS: A 20% restock fee will be applied to product returned which was not at fault of Redwood Toxicology Laboratory, Inc. A finance charge of 1.5% a month (or the maximum allowed by law) will be assessed on all invoices that are past due.

Balance Due \$3,120.00

HISTORICAL

Redwood Toxicology Laboratory, Inc.

Reditest Screening Devices
 P.O. Box 14327
 Santa Rosa CA 95402-6327

Tel: (800) 255-2159
 Fax: (707) 569-1442
 Contract #MSDRUG

Invoice	704502
Date	11/22/2019
Page	1
Contract No.	41

Bill To:

Accounts Payable
 The 20th Circuit Drug Court - Canton
 146 W Center Street
 CANTON MS 39046-3735

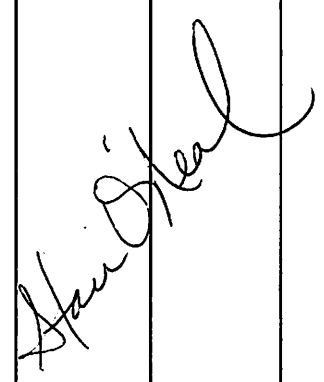
Ship To:

Ms. Jessica Carr - Central Receiving
 The 20th Circuit Drug Court - Canton
 146 W Center St
 CANTON MS 39046

Phone: (601) 573-9325 Ext. 0000

Purchase Order No.		Customer ID		Entered By	Shipping Method	Payment Terms	Req Ship Date	Master No.	
200071		121306		kkousonsavath	GROUND NO CHG	Net 30	11/23/2019	7,096,236	
Ordered	Shipped	B/O	Item Number	Description	Unit Price	Adjustment	Net Unit Price	Ext. Price	
800	800	0	015010015	FFUO CUP 13 ETG500/FEN20/TRAM20	\$6.24	\$0.00	\$6.24	\$4,992.00	
				Lot #: W51390805 Qty: 800 Exp: 8/19/2021					

ADULT DRUG COURT
 191-161-506



jessica.carr@madison-co.com

Subtotal	\$4,992.00
Misc	\$0.00
Tax	\$0.00
Handling	\$0.00
	\$0.00
Total	\$4,992.00

CLAIMS: All claims must be made within 30 days from date of invoice.
TERMS: A 20% restock fee will be applied to product returned which was not at fault of Redwood Toxicology Laboratory, Inc. A finance charge of 1.5% a month (or the maximum allowed by law) will be assessed on all invoices that are past due.

Balance Due \$4,992.00

HISTORICAL

Invoice	707137
Date	12/20/2019
Page	1
Contract No.	41

Redwood Toxicology Laboratory, Inc.

Reditest Screening Devices
 P.O. Box 14327
 Santa Rosa CA 95402-6327

Tel: (800) 255-2159
 Fax: (707) 569-1442
 Contract #MSDRUG

Bill To:

Accounts Payable
 The 20th Circuit Drug Court - Canton
 146 W Center Street
 CANTON MS 39046-3735

Ship To:

Ms. Jessica Carr - Central Receiving
 The 20th Circuit Drug Court - Canton
 146 W Center St
 CANTON MS 39046

Phone: (601) 573-9325 Ext. 0000

Purchase Order No.	Customer ID	Entered By	Shipping Method	Payment Terms	Req Ship Date	Master No.		
200090	121306	kkousonsavath	GROUND NO CHG	Net 30	12/21/2019	7,109,942		
Ordered	Shipped	B/O	Item Number	Description	Unit Price	Adjustment	Net Unit Price	Ext. Price
800	800	0	015010015	FFUO CUP 13 ETG500/FEN20/TRAM20	\$6.24	\$0.00	\$6.24	\$4,992.00
				Lot #: W51390805 Qty: 250 Exp: 8/19/2021				
				Lot #: W51390805 Qty: 550 Exp: 8/19/2021				

ADULT DRUG COURT

191-141-506

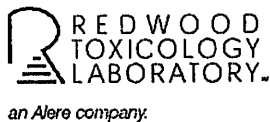
Handwritten signature

jessica.carr@madison-co.com

Subtotal	\$4,992.00
Misc	\$0.00
Tax	\$0.00
Handling	\$0.00
	\$0.00
Total	\$4,992.00

CLAIMS: All claims must be made within 30 days from date of invoice.
TERMS: A 20% restock fee will be applied to product returned which was not at fault of Redwood Toxicology Laboratory, Inc. A finance charge of 1.5% a month (or the maximum allowed by law) will be assessed on all invoices that are past due.

Balance Due \$4,992.00



Laboratory Services Accounts Receivable
P.O. Box 5680
Santa Rosa, CA 95402-5680
Phone: 800.255.2159 | Fax: 707.569.1442

Invoice Date 11/30/2019
Account # 121306
Invoice # 121306201911

Amount Enclosed _____
Invoice Total: \$2,175.50
Account Balance: \$393.98

THE 20TH CIRCUIT DRUG COURT - CANTON
ACCOUNTS PAYABLE
146 W CENTER STREET
CANTON MS 39046-3735

DUE UPON RECEIPT

ADULT DRUG COURT
191-101-506
Staci O'Neal

Account # 121306 Invoice Date 11/30/2019 Invoice # 121306201911

Date	Accession #	Procedure	Description	Amount
11/1/2019	191024-07993	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/1/2019	191024-07998	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/2/2019	191024-07994	5093	Opiates LC-MS/MS Confirmation, Urine	\$12.50
11/2/2019	191031-51357	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51358	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51359	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51360	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51361	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51362	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51363	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51364	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51365	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00

Account # 121306
121306201911

Invoice Date 11/30/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
11/2/2019	191031-51367	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51368	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51369	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51371	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51373	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51537	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51538	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51539	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51540	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51541	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51543	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51545	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51546	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191031-51548	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/2/2019	191101-14978	6473	Synthetic Cannabinoids EIA Screen with Confirmation, Urine	\$35.00
11/2/2019	191101-14979	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/2/2019	191101-14980	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/3/2019	191025-09504	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50

Account # 121306
121306201911

Invoice Date 11/30/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
11/3/2019	191025-09504	V30	LC/MS/MS EtG Confirm	\$15.00
11/4/2019	191031-51366	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/4/2019	191031-51366	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
11/4/2019	191031-51372	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/4/2019	191031-51372	V156	GC-FID Oral Alcohol Confirm	\$0.00
11/4/2019	191031-51372	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
11/4/2019	191031-51544	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/4/2019	191101-14981	050	Ethyl Glucuronide (EtG) EIA Screen, Urine	\$5.50
11/4/2019	191101-14981	V30	LC/MS/MS EtG Confirm	\$15.00
11/5/2019	191102-00677	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/5/2019	191102-00677	V30	LC/MS/MS EtG Confirm	\$15.00
11/6/2019	191102-50059	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/6/2019	191102-50059	V87	GC/MS Oral THC Confirm	\$0.00
11/7/2019	191031-51370	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/7/2019	191031-51370	V190	LC/MS/MS Oral Cocaine Confirm	\$0.00
11/8/2019	Label not on specimen	PROB	Problem Specimens	\$0.00
11/9/2019	191031-51542	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/9/2019	191031-51542	V189	LC/MS/MS Oral Opiates Confirm	\$0.00
11/12/2019	191112-01817	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/12/2019	191112-01817	6473	Synthetic Cannabinoids EIA Screen with Confirmation, Urine	\$35.00
11/12/2019	191112-02790	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/12/2019	191112-02791	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50

Account # 121306
121306201911

Invoice Date 11/30/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
11/12/2019	191112-02792	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/12/2019	191112-02793	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/12/2019	191112-02794	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/12/2019	191112-03248	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/12/2019	191112-03250	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/12/2019	191112-03250	6473	Synthetic Cannabinoids EIA Screen with Confirmation, Urine	\$35.00
11/12/2019	191112-50085	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50086	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50087	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50088	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50090	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50092	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50180	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50181	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50261	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50262	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50263	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50266	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00

Account # 121306
121306201911

Invoice Date 11/30/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
11/12/2019	191112-50267	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50270	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50271	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50272	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50273	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50274	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50275	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50276	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50277	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50280	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50282	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50283	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50284	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50285	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50286	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50287	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50288	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50289	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00

Account # 121306
121306201911

Invoice Date 11/30/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
11/12/2019	191112-50290	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50291	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50292	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50293	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50294	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50295	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50296	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50297	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50298	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50424	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50426	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50604	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	191112-50606	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/12/2019	Label not on specimen	PROB	Problem Specimens	\$0.00
11/12/2019	Label not on specimen	PROB	Problem Specimens	\$0.00
11/12/2019	Label not on specimen	PROB	Problem Specimens	\$0.00
11/12/2019	Label not on specimen	PROB	Problem Specimens	\$0.00
11/13/2019	191112-05012	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/15/2019	191112-03251	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50

Account # 121306
121306201911

Invoice Date 11/30/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
11/15/2019	191112-03251	5463	Cocaine Metabolite LC-MS/MS Confirmation, Urine	\$12.50
11/15/2019	191112-05013	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/15/2019	191112-05013	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/15/2019	191112-05013	V30	LC/MS/MS EtG Confirm	\$15.00
11/15/2019	191112-50089	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/15/2019	191112-50089	V166	LC/MS/MS Oral Buprenorphine Confirm	\$0.00
11/15/2019	191112-50089	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
11/15/2019	191112-50091	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/15/2019	191112-50091	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
11/15/2019	191112-50259	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/15/2019	191112-50259	V166	LC/MS/MS Oral Buprenorphine Confirm	\$0.00
11/15/2019	191112-50260	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/15/2019	191112-50260	V87	GC/MS Oral THC Confirm	\$0.00
11/15/2019	191112-50264	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/15/2019	191112-50264	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
11/15/2019	191112-50264	V86	GC/MS Oral PCP Confirm	\$0.00
11/15/2019	191112-50265	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/15/2019	191112-50268	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/15/2019	191112-50268	V166	LC/MS/MS Oral Buprenorphine Confirm	\$0.00
11/15/2019	191112-50269	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/15/2019	191112-50269	V156	GC-FID Oral Alcohol Confirm	\$0.00
11/15/2019	191112-50269	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00

Account # 121306
121306201911

Invoice Date 11/30/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
11/15/2019	191112-50281	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/15/2019	191112-50281	V87	GC/MS Oral THC Confirm	\$0.00
11/15/2019	191112-50423	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/15/2019	191112-50423	V190	LC/MS/MS Oral Cocaine Confirm	\$0.00
11/15/2019	191112-50425	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/16/2019	191112-02786	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/16/2019	191112-02786	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/16/2019	191112-02787	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/16/2019	191112-02788	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/16/2019	191112-02788	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/16/2019	191112-02789	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/16/2019	191112-02789	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/16/2019	191112-03249	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/16/2019	191112-03249	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/16/2019	191112-05014	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/16/2019	191112-05014	5095	Benzodiazepines LC-MS/MS Confirmation, Urine	\$12.50
11/16/2019	191112-10885	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/18/2019	191118-50452	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/18/2019	Label not on specimen	PROB	Problem Specimens	\$0.00
11/19/2019	191112-50093	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
11/19/2019	191112-50093	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
11/20/2019	191120-50025	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00

Account # 121306 Invoice Date 11/30/2019 Invoice # 121306201911

Date	Accession #	Procedure	Description	Amount
11/21/2019	191118-15649	5472	Cannabinoids (THC) LC-MS/MS Confirmation, Urine	\$12.50
11/21/2019	191118-15650	5472	Cannabinoids (THC) LC-MS/MS Confirmation, Urine	\$12.50
11/22/2019		FEDEX	Less than 5 specimens per pack charge	\$7.00
11/22/2019	191119-08133	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/22/2019	191119-08134	050	Ethyl Glucuronide (EtG) EIA Screen, Urine	\$5.50
11/22/2019	191119-08135	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
11/23/2019	191119-08132	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/23/2019	191119-08132	5472	Cannabinoids (THC) LC-MS/MS Confirmation, Urine	\$12.50
11/23/2019	191122-07445	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
11/27/2019	191122-07444	5463	Cocaine Metabolite LC-MS/MS Confirmation, Urine	\$12.50
11/30/2019	191126-10721	5463	Cocaine Metabolite LC-MS/MS Confirmation, Urine	\$12.50

Invoice Total **\$2,175.50**

Account # 121306 Invoice Date 11/30/2019 Invoice # 121306201911

MONTHLY ACTIVITY:

Balance Brought Forward	\$4,433.82
Charges / Adjustments	\$2,175.50
Service Charges	\$0.00
Payments	(\$6,215.34)
11/5/2019 Check	PYMNT894819 (\$6,215.34)
Credits	\$0.00
Debits	\$0.00
Write Offs	\$0.00
Account Balance:	\$393.98

DUE BY PERIOD:

Current:	31-60 Days	61-90 Days	91-120 Days	Over 121 Days
\$2,175.50	\$0.00	\$0.00	\$0.00	(\$1,781.52)

CLAIMS TERMS: All claims must be made within 30 days from date of invoice.
 A 20% restock fee will be applied to product returned which was not at fault of Redwood Toxicology Laboratory, Inc.
 A finance charge of 1.5% a month (or the maximum allowed by law) will be assessed on all invoices that are past due.



an Alere company.

Laboratory Services Accounts Receivable
P.O. Box 5680
Santa Rosa, CA 95402-5680
Phone: 800.255.2159 | Fax: 707.569.1442

Invoice Date 12/31/2019
Account # 121306
Invoice # 121306201912

Amount Enclosed
Invoice Total: \$1,757.00
Account Balance: \$644.77

THE 20TH CIRCUIT DRUG COURT - CANTON
ACCOUNTS PAYABLE
146 W CENTER STREET
CANTON MS 39046-3735

DUE UPON RECEIPT

ADULT DRUG COURT

Handwritten notes: 191-161-506, Steve Ordeal

Account # 121306 Invoice Date 12/31/2019 Invoice # 121306201912

Table with 5 columns: Date, Accession #, Procedure, Description, Amount. Contains 15 rows of laboratory test results and charges.

Account # 121306
121306201912

Invoice Date 12/31/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
12/3/2019	191203-50405	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50406	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50407	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50408	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50409	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50410	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50411	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50413	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50415	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50417	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50418	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50419	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50421	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50422	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50423	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50424	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50425	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50428	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00

Account # 121306
121306201912

Invoice Date 12/31/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
12/3/2019	191203-50429	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50430	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50431	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50432	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50433	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50434	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50435	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50523	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50524	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50525	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50526	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50528	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50529	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50530	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50532	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50534	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50535	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50536	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00

Account # 121306
121306201912

Invoice Date 12/31/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
12/3/2019	191203-50537	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50538	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50539	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50540	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50541	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50542	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50543	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50545	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50546	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50549	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50550	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50552	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50553	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50556	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50557	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/3/2019	191203-50558	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/4/2019	191204-50860	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/4/2019	No request selected	PROB	Problem Specimens	\$0.00
12/4/2019	Restricted test request	PROB	Problem Specimens	\$0.00

Account # 121306
121306201912

Invoice Date 12/31/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
12/5/2019	191204-09876	069	Creatinine, Urine	\$0.00
12/6/2019		FEDEX	Less than 5 specimens per pack charge	\$7.00
12/7/2019	191203-16746	050	Ethyl Glucuronide (EtG) EIA Screen, Urine	\$5.50
12/7/2019	191203-16746	5472	Cannabinoids (THC) LC-MS/MS Confirmation, Urine	\$12.50
12/7/2019	191203-16746	V30	LC/MS/MS EtG Confirm	\$15.00
12/7/2019	191203-50412	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50412	V190	LC/MS/MS Oral Cocaine Confirm	\$0.00
12/7/2019	191203-50414	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50416	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50416	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
12/7/2019	191203-50420	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50420	V87	GC/MS Oral THC Confirm	\$0.00
12/7/2019	191203-50426	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50426	V156	GC-FID Oral Alcohol Confirm	\$0.00
12/7/2019	191203-50426	V87	GC/MS Oral THC Confirm	\$0.00
12/7/2019	191203-50427	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50427	V87	GC/MS Oral THC Confirm	\$0.00
12/7/2019	191203-50527	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50527	V166	LC/MS/MS Oral Buprenorphine Confirm	\$0.00
12/7/2019	191203-50531	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50531	V87	GC/MS Oral THC Confirm	\$0.00
12/7/2019	191203-50533	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50533	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00

Account # 121306
121306201912

Invoice Date 12/31/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
12/7/2019	191203-50544	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50544	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
12/7/2019	191203-50544	V87	GC/MS Oral THC Confirm	\$0.00
12/7/2019	191203-50547	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50547	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
12/7/2019	191203-50548	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50548	V156	GC-FID Oral Alcohol Confirm	\$0.00
12/7/2019	191203-50548	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
12/7/2019	191203-50551	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/7/2019	191203-50551	V164	LC/MS/MS Oral Benzo Confirm	\$0.00
12/7/2019	191203-50555	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/10/2019		FEDEX	Less than 5 specimens per pack charge	\$7.00
12/10/2019		FEDEX	Less than 5 specimens per pack charge	\$7.00
12/11/2019	191203-50554	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/11/2019	191203-50554	V166	LC/MS/MS Oral Buprenorphine Confirm	\$0.00
12/11/2019	191206-11001	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
12/11/2019	191206-11001	5463	Cocaine Metabolite LC-MS/MS Confirmation, Urine	\$12.50
12/11/2019	191206-11001	5472	Cannabinoids (THC) LC-MS/MS Confirmation, Urine	\$12.50
12/11/2019	191206-11001	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
12/13/2019		FEDEX	Less than 5 specimens per pack charge	\$7.00
12/13/2019	191210-08244	050	Ethyl Glucuronide (EtG) EIA Screen, Urine	\$5.50
12/13/2019	191210-08244	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
12/13/2019	191210-08245	5463	Cocaine Metabolite LC-MS/MS Confirmation, Urine	\$12.50

Account # 121306
121306201912

Invoice Date 12/31/2019

Invoice #

Date	Accession #	Procedure	Description	Amount
12/13/2019	191210-08245	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
12/14/2019	191206-11000	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
12/14/2019	191206-11000	5472	Cannabinoids (THC) LC-MS/MS Confirmation, Urine	\$12.50
12/14/2019	191206-11000	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
12/16/2019	No request selected	PROB	Problem Specimens	\$0.00
12/17/2019		FEDEX	Less than 5 specimens per pack charge	\$7.00
12/18/2019	191213-06383	5845	Amphetamines LC-MS/MS Confirmation, Urine	\$12.50
12/18/2019	191218-50002	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/21/2019		FEDEX	Less than 5 specimens per pack charge	\$7.00
12/21/2019	191217-11254	049	Ethyl Glucuronide (EtG) EIA Screen (500 ng/mL cutoff), Urine	\$5.50
12/21/2019	191217-11254	5463	Cocaine Metabolite LC-MS/MS Confirmation, Urine	\$12.50
12/21/2019	191217-11254	5472	Cannabinoids (THC) LC-MS/MS Confirmation, Urine	\$12.50
12/21/2019	191217-11254	V30	LC/MS/MS EIG Confirm	\$15.00
12/24/2019	191218-50008	9582	OF 11 Panel ALC,AMP,BAR,BUP, BZO,COC,MTD,OPI,OXY,PCP,THC; Confirmed	\$19.00
12/24/2019	191218-50008	V196	LC/MS/MS Oral Amphetamines Confirm	\$0.00
12/24/2019	191218-50008	V87	GC/MS Oral THC Confirm	\$0.00
12/26/2019	191223-02241	5463	Cocaine Metabolite LC-MS/MS Confirmation, Urine	\$12.50

Invoice Total **\$1,757.00**

Account # 121306 Invoice Date 12/31/2019 Invoice # 121306201912

MONTHLY ACTIVITY:

Balance Brought Forward				\$393.98
Charges / Adjustments				\$1,757.00
Service Charges				\$0.00
Payments				(\$1,506.21)
12/3/2019 Check		PYMNT899297	(\$1,506.21)	
Credits				\$0.00
Debits				\$0.00
Write Offs				\$0.00
Account Balance:				\$644.77

DUE BY PERIOD:

Current:	31-60 Days	61-90 Days	91-120 Days	Over 121 Days
\$250.79	\$2,175.50	\$0.00	\$0.00	(\$1,781.52)

CLAIMS TERMS: All claims must be made within 30 days from date of invoice.
 A 20% restock fee will be applied to product returned which was not at fault of Redwood Toxicology Laboratory, Inc.
 A finance charge of 1.5% a month (or the maximum allowed by law) will be assessed on all invoices that are past due.

Kesha Buckner

From: pearsonvuevoucherstore@pearson.com
Sent: Thursday, October 31, 2019 3:09 PM
To: Kesha Buckner
Subject: Pearson VUE Confirmation of Payment

*Amy D. Thickett 12/4/19
194-161-6064*

****PLEASE DO NOT RESPOND TO THIS E-MAIL****



This is a receipt for your order and should be kept for your records.

Pearson VUE
5601 Green Valley Drive
Bloomington MN 55437
UNITED STATES

US Tax ID: 41-0850527

RECEIPT

Invoice Number: 0052-1791-8215
Transaction Date: Thursday, October 31, 2019
Company ID: 200070253

Ship To

Madison County BOS
Madison County BOS
146 West Center St.
2nd Floor Admin Bldg
PO Box 608
Canton, Mississippi 39046
United States

Bill To

Madison County Board of Supervisors
146 West Center St.
2nd Floor Admin Bldg
PO Box 608
Canton, Mississippi 39046
United States

Quantity	Order Item Number	Description	Shipped To	Unit Price	Amount	
16	364260110	GEDTS MS 100% Single Module-2014	Madison County BOS	30.00	480.00	USD
Pearson VUE represents and warrants that Cardholder authorizes payment in the Total Amount shown (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of Cardholder's card. Pearson VUE US is a business of NCS Pearson, Inc Taxpayer Name and Address: NCS Pearson, Inc 5601 Green Valley Drive Bloomington, Minnesota 55437 United States				Subtotal	480.00	USD
				Shipping	0.00	USD
				Tax	0.00	USD
				Total	480.00	USD

[Handwritten Signature]

Kesha Buckner

From: StoreHelp@GEDtestingservice.com
Sent: Monday, November 4, 2019 11:49 AM
To: Kesha Buckner
Subject: Order Confirmation

194-161-606
OK 12/4/19 *any D. Usber*

If your email application does not support HTML, please contact customer service by emailing StoreHelp@GEDtestingservice.com for further details.

CustomerID# 115223

Thank you for your order. Your order number is 128706, placed 10/17/2019 at 01:51PM.

If you've placed an order for an online product you will be receiving redemption instructions and your key/voucher within 3-4 hours.

Bill To:

Madison Co Board of Supervisors
Madison BOS County
146 West Center St Second Floor Adm
Canton, MS 39046
United States
6018555534
kesha.buckner@madison-co.com

Payment Info:

Credit Card: Visa
Madison Co BOS
*****0196

Order Details:

Ship To:

Madison Co Board of Supervisors
Madison BOS County
146 West Center St Second Floor
Adm
Canton, MS 39046
United States
6018555534

Shipping Method:

Online Delivery / No Shipping

Code	Item	Qty	Price	Grand Total
2014_OPT	GED Ready - 1 Subject [Choose your country:United States]	100	\$6.00	\$600.00
				Subtotal: \$600.00
				Tax: \$0.00
				Shipping Cost: \$0.00
				Grand Total: \$600.00

[Handwritten signature]

Amy D. Threlkett 12/16/19
OK
Steve B. O'Neal

OXFORD HOUSES, INC.
LODGING INVOICE Recovery House

Date: 09/05/2019
Amount: \$560.71
Name Of Individual: Jacob Windham
Oxford House Name: East Northside

*For Assisting In House Development, House Teaching,
Recruitment, Training, And Other Efforts For House Support.*

07/14/2019 thru 08/05/2019

This Covers The Dates Of: _____

Please Make Check Payable To The Oxford House: East Northside

Mail Check To: Chandra Brown

Oxford House: East Northside

Address: 2230 East Northside Dr.

City, ST ZIP: Jackson MS, 39211

****Name Of Individual Who's FES Is Being Covered, Must Be Noted On Check.*

Chandra Brown 09/05/2019
Approved By Outreach Date
Chandra Brown

ADULT DRUG COURT
194-161-581

Judy D. Mastrett ok
12/16/19
Stain O'Neal

OXFORD HOUSES, INC.
LODGING INVOICE *Recovery House*

Date: 09/05/2019
Amount: \$740.00
Name Of Individual: Jacob Windham
Oxford House Name: Medallion

*For Assisting In House Development, House Teaching,
Recruitment, Training, And Other Efforts For House Support.*

08/06/2019 thru 09/11/2019

This Covers The Dates Of: _____

Please Make Check Payable To The Oxford House: Medallion

Mail Check To: Chandra Brown

Oxford House: Medallion

Address: 1782 Hillview Dr.

City, St ZIP: Jackson MS, 39211

*****Name Of Individual Who's FES Is Being Covered, Must Be Noted On Check.**

Chandra Brown 09/05/2019
Approved By (Signature) Date
Chandra Brown _____

ADULT DRUG COURT
194-161-581

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

CONSUMER
INSURED'S ID:
INDIVIDUAL NAME:
ACCOUNT NUMBER:

AMBER SYKES
32770

TO: 20th Circuit Adult Drug Court
128 N. West Street
Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
EMAIL: Jessica.Carr@medison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$1,405.00

DATE	PLACE OF SERVICE	PROCEDURE CODES	PERSON/PER COUNSELOR	DIAGNOSIS CODES	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENTS	INSURANCE PAYMENT	NET FEE
11/1-5/19	Res Treatment Center	5	K. Hill	F15.20/F12.2C	\$140.00	\$0.00	0.00	\$0.00	\$730.00
11/7/2019	IOF Adult	10 Weeks	E. Johnson		\$676.00	\$0.00	0.00	\$0.00	\$676.00

IP
IOP

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN: 64-064893

OK - amy D. Hestert
12/12/19

~~XXXXXXXXXXXXXXXXXXXX~~

ADULT DRUG COURT
Split ← 194-161-581 - \$1330.00
191-161-581 - \$75.00
✓ Stan B. O'Neal

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER
INSURED # ID:
INDIVIDUAL NAME:
ACCOUNT NUMBER:

LABRYCE BOBBETT
305107

TO: 20th Circuit Adult Drug Court
128 N. West Street
Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
EMAIL: Jessica_Carr@mississippi.gov

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$3,604.00

DATE	PLACE OF SERVICE	PROCEDURE CODE DAYS	PERSONS/CLINICIAN	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENTS	INSURANCE PAYMENT	NET FEE
11/1-24/19	Rvs Treatment Center IP	24	R. Cross	F12.99/F12.2C	\$148.00	\$0.00	0.00	\$0.00	\$3,604.00

OK - Larry D. Bobbett 12/12/19

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN : 64-064893

ADULT DRUG COURT

194-161-581

Stan B. O'Neal

Region 8 Mental Health Services
 P.O. Box 88
 Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER
 INSURED'S ID:
 INDIVIDUAL NAME:
 ACCOUNT NUMBER:

BRYCE BRIDGES
 305369

TO: 20th Circuit Adult Drug Court
 128 N. West Street
 Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Chilpepper Carr
 EMAIL: Jessica.Carr@madison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	DEBITED AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$2,338.00

DATE	PLACE OF SERVICE	PROCEDURE CODE DAYS	PERSONNEL CLINICIAN	DIGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENT	INSURANCE PAYMENT	NET FEE
11/16/19	Inpatient Treatment IP	10	R. Cross		\$148.00	\$0.00	0.00	\$0.00	\$2,338.00

OK - Amy B. Theil 12/12/19

Region 8 Mental Health Commission
 P.O. Box 88
 Brandon, MS 39043
 TIN: 64-054893

ADULT DRUG COURT

194-161-581

Alicia B. Neal

Region 8 Mental Health Services
 P.O. Box 88
 Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER
 INSURED ID:
 INDIVIDUAL NAME:
 ACCOUNT NUMBER:

HOUSTON HAMM
 10084

TO: 20th Circuit Adult Drug Court
 128 N. West Street
 Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
 EMAIL: Jessica.Carr@madison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	LET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$4,380.00

DATE	PLACE OF SERVICE	PROCEDURE CODE	PERFORMER CLINICIAN	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYCHUTE	INSURANCE PAYMENT	NET FEE
11/1-30/19	Residential Treatment IP	30	R. Cross	F10.20	\$148.00	\$0.00	0.00	\$0.00	\$4,380.00

Region 8 Mental Health Commission
 P.O. Box 88
 Brandon, MS 39043
 TIN: 64-064893

OK - Cindy D. Thibault
 12/12/19

ADULT DRUG COURT

194-161-581

Stan B. O'Neal

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER
INSURANCE ID:
INDIVIDUAL NAME:
ACCOUNT NUMBER:

ANGELYN MCNALLY
305602

TO: 20th Circuit Adult Drug Court
128 N. West Street
Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
EMAIL: Jessica.Carr@medison-co.com

DEBIT CARD AND FUTURE PAPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$4,380.00

DATE	PLACE OF SERVICE	PROCEDURE CODE	PERIODIC CLASSIFICATION	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENT	INSURANCE PAYMENT	NET FEE
11/1-30/2019	ResTreatment Center IP	30	K.MIII	F15.20 / F11.21	\$146.00	\$0.00	0.00	\$0.00	\$4,380.00

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN: 64-054893

Ok Amy D. Thibault
12/12/19

ADULT DRUG COURT

194-161-581

Stan B. O'Neal

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

REGISTERED
INDIVIDUAL'S ID:
INDIVIDUAL NAME:
ACCOUNT NUMBER:

Berry Perkins
307016

10. 20th Circuit Adult Drug Court
128 N. West Street
Clinton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
EMAIL: Jessica.Carr@madison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PAYMENT RELEASE	PAYMENTS AND ADJUSTMENTS	ALL BALANCE	CURRENT CHARGE	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$876.00

DATE	PLACE OF SERVICE	PROCEDURE CODE DATE	PRESCRIBER CLINICIAN	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENTS	INSURANCE PAYMENT	NET FEE
11/1-8/19	Res Treatment Center	6	R. Cross	F13.20	\$146.00	\$0.00	0.00	\$0.00	\$876.00

IP

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN: 64-064893

OK - Amy D. Hestett
12/12/19

ADULT DRUG COURT
194-161-581

Alice B. O'Neal

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER
INSURED'S ID
INDIVIDUAL NAME
ACCOUNT NUMBER:

BRENDA TRUDEAU
7609

TO: 20th Circuit Adult Drug Court
128 N. West Street
Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
EMAIL: Jessica.Carr@madison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$675.00

DATE	PLACE OF SERVICE	PROCEDURE CODE DAYS	PRESCRIBER CLINICIAN	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENTS	INSURANCE PAYMENT	NET FEE
10/3/2019	IOP - 10 Week Program		E. Johnson	F15.20	\$875.00	\$0.00	0.00	\$0.00	\$675.00

OK

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN : 64-054893

Amy D. Hubert 01/08/2020
ADULT DRUG COURT
194-161-581
Shirley D. Hubert

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER
INSURED'S ID:
INDIVIDUAL NAME:
ACCOUNT NUMBER:

AMBER SYKES
32779

TO: 20th Circuit Adult Drug Court
128 N. West Street
Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
EMAIL: Jessica.Carr@madison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$3,760.00

DATE	PLACE OF SERVICE	PROCEDURE CODE DAYS	PRESCRIBER CLINICIAN	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENTS	INSURANCE PAYMENT	NET FEE
10/7-31/19	Res Treatment Center A&O Assessment	25	K. Hill K. Hill	F15.20 / F12.20	\$146.00 \$100.00	\$0.00 \$0.00	0.00 0.00	\$0.00 \$0.00	\$3,650.00 \$100.00

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN : 64-054893

Amber Sykes
OK 194-161-581
Army & the A&O 12/12/19

ADULT DRUG COURT

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER
INSURED'S ID:
INDIVIDUAL NAME:
ACCOUNT NUMBER:

HOUSTON HAMM
16084

TO: 20th Circuit Adult Drug Court
128 N. West Street
Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
EMAIL: Jessica.Carr@madison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$246.00

DATE	PLACE OF SERVICE	PROCEDURE CODE DAYS	PRESCRIBER CLINICIAN	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENTS	INSURANCE PAYMENT	NET FEE
10/31/2019	Residential Treatment	1	R. Cross	F10.20	\$146.00	\$0.00	0.00	\$0.00	\$146.00
10/31/2019	A&D Assessment				\$100.00	\$0.00	0.00	\$0.00	\$100.00

194-161-581

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN : 64-054893

ADULT DRUG COURT

Handwritten signature
Ok Army is the best 12/16/19

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER

INSURED'S ID:

INDIVIDUAL NAME:

ACCOUNT NUMBER:

Christopher Rainer
85222

TO: 20th Circuit Adult Drug Court
128 N. West Street
Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION: Jessica Cullpepper Carr
EMAIL: Jessica.Carr@madison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$2,828.00

DATE	PLACE OF SERVICE	PROCEDURE CODE DAYS	PRESCRIBER CLINICIAN	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENTS	INSURANCE PAYMENT	NET FEE
10/1-10/19	Residential Treatment	18	R. Cross	F12.21	\$146.00	\$0.00	0.00	\$0.00	\$2,828.00

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN : 64-054893

Handwritten: 194-161-581
Handwritten: OK Amy S. Thibault 12/12/19

ADULT DRUG COURT

Region 8 Mental Health Services
P.O. Box 88
Brandon, MS 39043

STATEMENT OF ACCOUNT AS OF

SUBSCRIBER
INSURED'S ID:
INDIVIDUAL NAME:
ACCOUNT NUMBER:

LABRYCE BOBBETT
305167

to: 20th Circuit Adult Drug Court
128 N. West Street
Canton MS 39043

ENTER AMOUNT PAID: \$ 00

ATTENTION Jessica Cullpepper Carr
EMAIL: Jessica.Carr@madison-co.com

DETACH HERE AND RETURN UPPER PORTION WITH PAYMENT

PREVIOUS BALANCE	PAYMENTS AND ADJUSTMENTS	NET BALANCE	CURRENT CHARGES	BALANCE DUE
\$0.00	\$0.00	\$0.00	\$0.00	\$1,122.00

DATE	PLACE OF SERVICE	PROCEDURE CODE DAYS	PRESCRIBER CLINICIAN	DIAGNOSIS CODE	STANDARD FEE	CONSUMER FEE	CONSUMER PAYMENTS	INSURANCE PAYMENT	NET FEE
10/25-31/19	Ros Treatment Center A&D Screening	7	R. Cross	F12.99 / F12.20	\$146.00 \$100.00	\$0.00 \$0.00	0.00 0.00	\$0.00 \$0.00	\$1,022.00 \$100.00

Region 8 Mental Health Commission
P.O. Box 88
Brandon, MS 39043
TIN : 64-054883

Handwritten: 194-161-581

Handwritten: Steve [Signature]

Handwritten: OK Amy D. The [Signature] 01/08/2021

ADULT DRUG COURT

P. 10/4

Court Watch, Inc.

6512 Dogwood View Parkway
Suite B
Jackson, MS 39213

Phone:
Fax:
Email:

601-949-9960
601-949-9959
www.counselingms.com

Statement

Statement #: 4262019
Date: September 26, 2019
Customer ID: 20th Circuit Ct Dist Drug Ct

Bill To:

Madison Co. Board of Supervisors
PO Box 608

Remittance Amount Enclosed: Remittance amount

Canton, MS 39046

Date	Type	Invoice #	Description	Amount	Payment	Balance
June 17, 2019	First Offender Prog	139494	Marla F.	\$ 350.00		\$ 350.00
August 7, 2019	MRT Outpatient	136894	Eric B.	\$ 400.00	194-161	\$ 400.00
August 13, 2019	MRT Outpatient	139282	Levi C.	\$ 400.00	581	\$ 400.00
August 8, 2019	Drug Screen	137836	Angela J. 191-161-500	\$ 30.00	AOC	\$ 30.00
Total						1,180.00

Reminder: Please include the statement number on your check.

Terms: Balance due in 30 days.

REMITTANCE	
Customer Name:	Madison Co. Board of Supervisors
Customer ID:	20th Circuit Ct Dist Drug Ct
Statement #:	4262019
Date:	September 26, 2019
Amount Due:	\$ 1,180.00
Amount Enclosed:	Remittance amount

\$ 1,150.00
194-161-581
9/19 Amy D. Turbett
outpatient

Stan O'Neal

2 of 4

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
6/17/2019	139494

BILL TO
20th Circuit Intervention Court Madison Co Board of Supervisors PO Box 608 Canton, MS 39046

SERVICE TO
Maria F.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		19010546

QUANTITY	DESCRIPTION	RATE	AMOUNT
1	CCM sponsored A&D Education	350.00	350.00
Total			\$350.00

3074

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
8/7/2019	136894

BILL TO
20th Circuit Intervention Court

SERVICE TO
ERIC B.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		19010774

QUANTITY	DESCRIPTION	RATE	AMOUNT
	MRT Counseling - Outpatient workbook	375.00	375.00
		25.00	25.00
		Total	\$400.00

P. 4 of 4

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
8/13/2019	139282

BILL TO
20th Circuit Intervention Court

SERVICE TO
Levi C.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		19010779

QUANTITY	DESCRIPTION	RATE	AMOUNT
	MRT Counseling - Out patient Correctional Counseling Material	375.00 25.00	375.00 25.00
		Total	\$400.00

1045

Court Watch, Inc.

6512 Dogwood View Parkway
Suite B
Jackson, MS 39213

Phone: 601-949-9980
Fax: 601-949-9959
Email: www.counselingms.com

Statement

Statement #: 4232019
Date: August 27, 2019
Customer ID: 20th Circuit Ct Dist Drug Ct

Bill To: Madison Co. Board of Supervisors
PO Box 608

Canton, MS 39046

Remittance Amount Enclosed: Remittance amount

Date	Type	Invoice #	Description	Amount	Payment	Balance
August 23, 2019	CARS Assessment	138032	Madyson W.	\$ 50.00		\$ 50.00
August 27, 2019	MRT Outpatient	138033	Mdyson W.	\$ 400.00		\$ 400.00
Total						450.00

Reminder: Please include the statement number on your check.

Terms: Balance due in 30 days.

191-161-581 Outpatient
10/9/19 - Amy D. Thibett

REMITTANCE	
Customer Name:	Madison Co. Board of Supervisors
Customer ID:	20th Circuit Ct Dist Drug Ct
Statement #:	4232019
Date:	August 27, 2019
Amount Due:	\$ 450.00
Amount Enclosed:	Remittance amount

Steve O'Neal

2 of 3

Invoice

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

DATE	INVOICE #
8/27/2019	138033

BILL TO
20th Circuit Intervention Court

SERVICE TO
Madyson W.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		19010927

QUANTITY	DESCRIPTION	RATE	AMOUNT
	MRT Outpatient Correctional Counseling Material	375.00 25.00	375.00 25.00
		Total	\$400.00

3 of 3
Invoice

Court Watch
6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

DATE	INVOICE #
8/23/2019	138032

BILL TO
20th Circuit Intervention Court

SERVICE TO
Madison W.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		19010927

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Drug and Alcohol Assessment	50.00	50.00
Total			\$50.00

Court Watch, Inc.

6412 Dogwood View Parkway
Suite B
Jackson, MS 39213

Phone:
Fax:
Email:

601-949-9960
601-949-9959
www.counselingms.com

P.1 of 2

Statement

Statement #: 4162019
Date: June 12, 2019
Customer ID: 20th Circuit Ct Dist Drug Ct

Bill To:

Madison Co. Board of Supervisors
PO Box 608

Canton, MS 39046

Remittance Amount Enclosed: Remittance amount

Date	Type	Invoice #	Description	Amount	Payment	Balance
June 26, 2019	Release Prevention Program	136225	Montey Q.	\$ 325.00		\$ 325.00
Total						325.00

Reminder: Please include the statement number on your check.

Terms: Balance due in 30 days.

*Second Submission -
Thank you,
Jimmy Childress*

REMITTANCE	
Customer Name:	Madison Co. Board of Supervisors
Customer ID:	20th Circuit Ct Dist Drug Ct
Statement #:	4162019
Date:	July 9, 2019
Amount Due:	\$ 325.00
Amount Enclosed:	Remittance amount

*outpatient
191-161-581
10/9/19 - Army D. West et al*

*Adult Drug Court
Alicia O'Neal*

P. 2 of 2

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
6/26/2019	136225

BILL TO
Montey Quinn 04090445

SERVICE TO
Montey Quinn 04090445

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		04090445

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Relapse Prevention Group workbook	300.00 25.00	300.00 25.00
		Total	\$325.00

Court Watch

6512 Dogwood View Parkway
 Suite A
 Jackson, MS 39213

Invoice

DATE	INVOICE #
10/3/2019	140388

BILL TO
20th Judicial District Intervention Court

SERVICE TO
Susanna Dorsey 09010221

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	SSRSF		09010221

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Drug and Alcohol Assessment	50.00	50.00
		Total	\$50.00

Handwritten signature: Steve O'Neal

Court Watch

6512 Dogwood View Parkway
 Suite A
 Jackson, MS 39213

Invoice

DATE	INVOICE #
10/3/2019	140389

BILL TO
20th Judicial District Intervention Court

SERVICE TO
Susanna D.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		09010221

QUANTITY	DESCRIPTION	RATE	AMOUNT
	CCM sponsored A&D Education	350.00	350.00
<i>Staci O'Neal</i>			
Total			\$350.00

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
10/15/2019	140596

BILL TO
20th District Intervention Court

SERVICE TO
Kourtland B.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		19011084

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Drug and Alcohol Assessment	50.00	50.00
<i>Staci O'Neal</i>			
Total			\$50.00

Court Watch

6512 Dogwood View Parkway
Suite A

Invoice

DATE	INVOICE #
10/30/2019	140940

BILL TO
20th Circuit Court District Intervention Court

SERVICE TO
Shaeffer P.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		19011163

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Drug and Alcohol Assessment	50.00	50.00
		Total	\$50.00

[Handwritten Signature]

Court Watch, Inc.

6512 Dogwood View Parkway
 Suite B
 Jackson, MS 39213

Phone: 601-949-9960
 Fax: 601-949-9959
 Email: www.counselingms.com

Statement

Statement #: 4252019
 Date: September 26, 2019
 Customer ID: 20th Circuit Ct Dist Drug Ct

Bill To: Madison Co. Board of Supervisors
 PO Box 608

Remittance Amount Enclosed: Remittance amount

Canton, MS 39046

Date	Type	Invoice #	Description	Amount	Payment	Balance
September 26, 2019	CARS Assessment	139723	Kimberly H. SAMHSA	\$ 50.00		\$ 50.00
July 25, 2019	CARS Assessment	139722	Tricia S. SAMHSA	\$ 50.00		\$ 50.00
September 13, 2019	CARS Assessment	139721	Lynn J. SAMHSA	\$ 50.00		\$ 50.00
August 8, 2019	Drug Screen	137836	Angela J. - AOC	\$ 30.00		\$ 30.00
August 1, 2019	Hair Test	137641	Windle H. - AOC	\$ 75.00		\$ 75.00
Total						255.00

Reminder: Please include the statement number on your check

Terms: Balance due in 30 days.

REMITTANCE	
Customer Name:	Madison Co. Board of Supervisors
Customer ID:	20th Circuit Ct Dist Drug Ct
Statement #:	4252019
Date:	September 26, 2019
Amount Due:	\$ 255.00
Amount Enclosed:	Remittance amount

SAMHSA
 \$150.00 194-161-581
 AOC
 \$105.00 - 191-161-506

ADULT DRUG COURT

OK
 Staci O'Neal
 Amy D. Marshall 10/17/19

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
9/26/2019	139723

BILL TO
20th Circuit District Intervention Court

SERVICE TO
Kimberly H.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		04011422

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Drug and Alcohol Assessment	50.00	50.00
<i>SAMHSA adult drug court 194-161-581</i>			
Total			\$50.00

Court Watch

6512 Dogwood View Parkway
Suite A
Jackson, MS 39213

Invoice

DATE	INVOICE #
7/25/2019	139722

BILL TO
20th District Drug Court

SERVICE TO
Tricia S.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		19010977

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Drug and Alcohol Assessment	50.00	50.00
	<i>SAMHSA adult drug court 194-161-581</i>		
		Total	\$50.00

Court Watch

6512 Dogwood View Parkway
 Suite A
 Jackson, MS 39213

Invoice

DATE	INVOICE #
9/13/2019	139721

BILL TO
20th Circuit District Intervention Court

SERVICE TO
Lynn J.

TERMS	OFFICER	PROJECT	CLIENT NUMBER
Due on receipt	THC		98010233

QUANTITY	DESCRIPTION	RATE	AMOUNT
	Drug and Alcohol Assessment	50.00	50.00
<p><i>SAMHSA adult drug court 194-161-581</i></p>			
Total			\$50.00