



**Missouri Department of Social Services
Family Support Division**

**Current Probation and Parole/Court Compliance
Drug Conviction Exception Verification**

Instructions for FSD: For individuals CURRENTLY on probation or parole

1. Enter name, DCN, DOC ID (Department of Corrections Number), Social Security Number and Date of Birth of individual requesting exception from the felony drug conviction disqualification.
2. Enter the date the form will be emailed to Probation and Parole (should be today's date).
3. Advise the individual you are contacting Probation or Parole on their behalf to complete the form.
4. Click Email Probation and Parole to email the form.

Participant Identification:

Name (First, Middle Last):			DCN:
DOC ID:	Social Security Number:	Date of Birth:	Date Form Submitted:

To be filled in by the Missouri Division of Probation and Parole:

	Yes	No	
Is the individual currently on probation or parole? (if no, proceed to signature section)	<input type="checkbox"/>	<input type="checkbox"/>	
Has the individual been given an Urinalysis (UA) since placed on supervision?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Division of Probation and Parole taken action to revoke this individual's probation or parole?	<input type="checkbox"/>	<input type="checkbox"/>	
Date UA Administered	Negative	Positive	N/A (no test given)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature Section:

Name of person completing the form:	Title
Email Address	Date:

Return Instructions: Please email this form back to FSD at ColeFSPolicy@dss.mo.gov
Or Click the Email form to DSS/FSD