

FLORIDA DEPARTMENT OF CORRECTIONS

Affidavit for Admission of Drug Use

I, _____ DC # _____, understand that I have received
(Inmate's Printed Name)

a **POSITIVE** urinalysis drug test for: _____, _____ and /or
(Drug) (Drug)

_____ on _____. Furthermore, I hereby waive the option of having
(Drug) (Date)

a Confirmation Test conducted and accept the positive result of the initial on-site testing device.

Also, I recognize that this acceptance constitutes a full admission of drug use for the above mentioned drugs.

(Signature of Inmate)

(Date)

Sworn and subscribed before me this _____ day of _____, 20_____.

(Signature of Officer)