COURT DEPARTMENT: PROBATION

DATE: 5.18.16 TIME OF TEST: 945

PROBATIONER NAME: Jorge Zambrano

DOCKET#_____ SUPERVISING P.O. [redacted]

ARE YOU PRESENTLY TAKING ANY PRESCRIPTION MEDICATION?
(CIRCLE) YES NO

IF YES, WHAT MEDICATION?

_____

VERIFICATION OF MEDICATION:
(CIRCLE) YES NO

TYPE OF SUPERVISION:
(CIRCLE) BAIL (PRE-TRIAL) PROBATION

PRE-ADMISSION:
(CIRCLE) YES NO

TEST RESULTS:
(CIRCLE) POSITIVE NEGATIVE

IF POSITIVE, CIRCLE APPROPRIATE SUBSTANCE:

PCP / OXY / MET / AMPHETAMINE / COCAINE / THC / MORPHINE/ BENZ

POST ADMISSION:
(CIRCLE) YES NO

CONFIRMATION TEST NEEDED?
(CIRCLE) YES NO

CONFIRMATION TEST RESULTS:

_____

ACTION TAKEN:

_____

COMMENTS:

_____

PLEASE NOTE: SAMPLE AND TEST KIT WILL NOT BE RETAINED. YOU ARE ENTITLED TO REVIEW.

SIGNATURE OF PROBATIONER: [redacted]

SIGNATURE OF EXAMINER: [redacted] AMENDED 9/2/11

COURT DEPARTMENT: PROBATION

DATE: 5/4/16 TIME OF TEST: 850

PROBATIONER NAME: Jorge Zambrano

DOCKET# 15/574, 16-0537, 16-1297 SUPERVISING P.O. [redacted]

ARE YOU PRESENTLY TAKING ANY PRESCRIPTION MEDICATION?
(CIRCLE) YES NO

IF YES, WHAT MEDICATION?

VERIFICATION OF MEDICATION:
(CIRCLE) YES NO

TYPE OF SUPERVISION:
(CIRCLE) BAIL (PRE-TRIAL) PROBATION

PRE-ADMISSION:
(CIRCLE) YES NO

TEST RESULTS:
(CIRCLE) POSITIVE NEGATIVE

IF POSITIVE, CIRCLE APPROPRIATE SUBSTANCE:

PCP / OXY / MET / AMPHETAMINE / COCAINE / THC / MORPHINE/ BENZ

POST ADMISSION;
(CIRCLE) YES NO

CONFIRMATION TEST NEEDED?
(CIRCLE) YES NO

CONFIRMATION TEST RESULTS:

ACTION TAKEN:

COMMENTS:

PLEASE NOTE: SAMPLE AND TEST KIT WILL NOT BE RETAINED. YOU ARE ENTITLED TO REVIEW.

SIGNATURE OF PROBATIONER:

SIGNATURE OF EXAMINER: [redacted] AMENDED 9/2/11

Massachusetts Trial Court
Office of the Commissioner of Probation
One Ashburton Place
Boston, MA 02108-1612

JOHN J. O'BRIEN
COMMISSIONER

TEL: (617) 727-530
FAX: (617) 727-848

ALCO. - SENSOR INTOXIMETER

Name	Jorge Zambrano		
Address	Street	65 uxbridge st	
	City/Town	worc. MA	
PCF #	2449471	Docket #	
Probation Officer Administering Test	Name	Jorge Zambrano	
	Division	WDC	Department Prob
Supervising Probation Officer	[redacted]		
Test Location	office		
Test Date	5/4/16		
Test Time(s)	Test # 1: 845	Test # 2:	

Confirmation Test # 2 shall be conducted 15 minutes after Test # 1 and only if court action is warranted.

I AGREE THAT THE ALCO-SENSOR TEST RESULTS ARE:

TEST # 1	0.00
TEST # 2	

Probationer Signature: X

Probation Officer Signature [redacted]

DRUG TEST INFORMATION

COURT DIVISION: WORCESTER
COURT DEPARTMENT: PROBATION

DATE: 4/25/16 TIME OF TEST: _____

PROBATIONER NAME: Jorge Zambrano

DOCKET# _____ SUPERVISING P.O. [redacted]

NO Show ✓

ARE YOU PRESENTLY TAKING ANY PRESCRIPTION MEDICATION?
(CIRCLE) YES NO

IF YES, WHAT MEDICATION?

_____

VERIFICATION OF MEDICATION:
(CIRCLE) YES NO

TYPE OF SUPERVISION:
(CIRCLE) BAIL (PRE-TRIAL) PROBATION

PRE-ADMISSION:
(CIRCLE) YES NO

TEST RESULTS:
(CIRCLE) POSITIVE NEGATIVE

IF POSITIVE, CIRCLE APPROPRIATE SUBSTANCE:

PCP / OXY / MET / AMPHETAMINE / COCAINE / THC / MORPHINE/ BENZ

POST ADMISSION:
(CIRCLE) YES NO

CONFIRMATION TEST NEEDED?
(CIRCLE) YES NO

CONFIRMATION TEST RESULTS:

_____

ACTION TAKEN:

_____

COMMENTS:

_____

PLEASE NOTE: SAMPLE AND TEST KIT WILL NOT BE RETAINED. YOU ARE ENTITLED TO REVIEW.

SIGNATURE OF PROBATIONER: _____

SIGNATURE OF EXAMINER: _____ AMENDED 9/23/11

Massachusetts Trial Court
Office of the Commissioner of Probation
One Ashburton Place
Boston, MA 02108-1612

JOHN J. O'BRIEN
COMMISSIONER

TEL: (617) 727-530
FAX: (617) 727-848

ALCO. - SENSOR INTOXIMETER

Name	Jorge Zambrano	
Address	Street	
	City/Town	
PCF #		Docket #
Probation Officer Administering Test	Nam[redacted]	
	Division	Department
Supervising Probation Officer	[redacted]	
Test Location	DCU	
Test Date	4/25/16	
Test Time(s)	Test # 1:	Test # 2

Confirmation Test # 2 shall be conducted 15 minutes after Test # 1 and only if court action is warranted.

I AGREE THAT THE ALCO-SENSOR TEST RESULTS ARE:

TEST # 1	
TEST # 2	

Probationer Signature: _____

Probation Officer Signature: [redacted]

Massachusetts Trial Court
Office of the Commissioner of Probation
One Ashburton Place
Boston, MA 02108-1612

JOHN J. O'BRIEN
COMMISSIONER

TEL: (617) 727-530
FAX: (617) 727-848

ALCO. - SENSOR INTOXIMETER

Name	Jorge Zambrano		
Address	Street 65 Uxbridge St #3		
	City/Town Worcester, MA		
PCF #	2449471	Docket # 15/5754 16-1297	
Probation Officer Administering Test	Name [redacted]		
	Division WDC	Department prob	
Supervising Probation Officer	[redacted]		
Test Location	WDC		
Test Date	4/25/16		
Test Time(s)	Test # 1: 12 pm	Test # 2:	

Confirmation Test # 2 shall be conducted 15 minutes after Test # 1 and only if court action is warranted.

I AGREE THAT THE ALCO-SENSOR TEST RESULTS ARE:

TEST # 1	0.00
TEST # 2	

Probationer Signature: [signature]

Probation Officer Signature: [redacted]

COURT DEPARTMENT: PROBATION

DATE: 4.25.16 TIME OF TEST: 12

PROBATIONER NAME: Jorge Zambrano

DOCKET# 1662CR00537 SUPERVISING P.O. [redacted]

ARE YOU PRESENTLY TAKING ANY PRESCRIPTION MEDICATION?
(CIRCLE) YES NO

IF YES, WHAT MEDICATION?

VERIFICATION OF MEDICATION:
(CIRCLE) YES NO

TYPE OF SUPERVISION:
(CIRCLE) BAIL (PRE-TRIAL) PROBATION

PRE-ADMISSION:
(CIRCLE) YES NO

TEST RESULTS:
(CIRCLE) POSITIVE NEGATIVE

IF POSITIVE, CIRCLE APPROPRIATE SUBSTANCE:

PCP / OXY / MET / AMPHETAMINE / COCAINE / THC / MORPHINE/ BENZ

POST ADMISSION;
(CIRCLE) YES NO

CONFIRMATION TEST NEEDED?
(CIRCLE) YES NO

- Self reported Suboxone

CONFIRMATION TEST RESULTS:

ACTION TAKEN:

COMMENTS:

PLEASE NOTE: SAMPLE AND TEST KIT WILL NOT BE RETAINED. YOU ARE ENTITLED TO REVIEW.

SIGNATURE OF PROBATIONER: X

SIGNATURE OF EXAMINER: [redacted] AMENDED 9/2/11

COURT DEPARTMENT: PROBATION

DATE: 4 22 16 TIME OF TEST: 415

PROBATIONER NAME: Jorge Zambrano

DOCKET# 15/5754/ 16-0537/ 16-7297 SUPERVISING P.O. [redacted]

ARE YOU PRESENTLY TAKING ANY PRESCRIPTION MEDICATION?
(CIRCLE) YES NO

IF YES, WHAT MEDICATION?

VERIFICATION OF MEDICATION:
(CIRCLE) YES NO

TYPE OF SUPERVISION:
(CIRCLE) BAIL (PRE-TRIAL) PROBATION

PRE-ADMISSION:
(CIRCLE) YES NO

TEST RESULTS:
(CIRCLE) POSITIVE NEGATIVE

IF POSITIVE, CIRCLE APPROPRIATE SUBSTANCE:

PCP / OXY / MET / AMPHETAMINE / COCAINE / THC / MORPHINE/ BENZ

POST ADMISSION;
(CIRCLE) YES NO

CONFIRMATION TEST NEEDED?
(CIRCLE) YES NO

CONFIRMATION TEST RESULTS:

ACTION TAKEN:

COMMENTS:

PLEASE NOTE: SAMPLE AND TEST KIT WILL NOT BE RETAINED. YOU ARE ENTITLED TO REVIEW.

SIGNATURE OF PROBATIONER:

SIGNATURE OF EXAMINER: AMENDED DATE:

self-reported
coke
→ Yesterday
Suboxone

COURT DEPARTMENT: PROBATION

DATE: 4·11·16 TIME OF TEST: 10:20 Am

PROBATIONER NAME: Jorge Zambrano

DOCKET# _____ SUPERVISING P.O. [redacted]

ARE YOU PRESENTLY TAKING ANY PRESCRIPTION MEDICATION?
(CIRCLE) YES NO

IF YES, WHAT MEDICATION? Suboxone

VERIFICATION OF MEDICATION:
(CIRCLE) YES NO

TYPE OF SUPERVISION:
(CIRCLE) BAIL (PRE-TRIAL) PROBATION

PRE-ADMISSION:
(CIRCLE) YES NO last used cocaine 1wk ago

TEST RESULTS:
(CIRCLE) POSITIVE NEGATIVE

IF POSITIVE, CIRCLE APPROPRIATE SUBSTANCE:

PCP / OXY / MET / AMPHETAMINE / COCAINE / THC / MORPHINE/ BENZ

POST ADMISSION;
(CIRCLE) YES NO

CONFIRMATION TEST NEEDED?
(CIRCLE) YES NO

CONFIRMATION TEST RESULTS: Cocaine

ACTION TAKEN:

COMMENTS:

PLEASE NOTE: SAMPLE AND TEST KIT WILL NOT BE RETAINED. YOU ARE ENTITLED TO REVIEW.

SIGNATURE OF PROBATIONER: [redacted]

SIGNATURE OF EXAMINER: [redacted] AMENDED 9/23/11