| (Do | (Do not write above this line.) |  |   |  |  |  |  |
|-----|---------------------------------|--|---|--|--|--|--|
| Ir  | the                             | Matter of:   | Case Number(s):   |  |  |  |  |
| Sı  | ıbs                             | tance Abuse Conditions   |   |  |  |  |  |
| a.  |                                 | <b>Abstinence:</b> Respondent must abstain from using illegal drugs or illegal drug paraphernalia. In each compliance with this condition.   | g alcoholic beverages and must not use or possess any quarterly and final report, Respondent must report  |  |  |  |  |
| b.  |                                 | based and allow the participant to continue consunthe Office of Probation and obtain written approval receiving credit for compliance with this condition for  | Office of Probation. Programs that are not abstinence-<br>ning alcohol are not acceptable. Respondent must contact<br>for the program Respondent wishes to select prior to<br>or attending meetings of such group. Respondent must<br>for attendance at such group meetings with each quarterly   |  |  |  |  |
| C.  |                                 | acceptable to the Office of Probation and having the specified below. Respondent must provide a copy Information Sheet to each and every laboratory Respondent to comply with this probation condition. In learns that any laboratory, previously approved by below, is no longer willing or able to perform such that notify the Office of Probation in writing of that fact we select a new licensed medical laboratory, acceptable. | nt must select a licensed medical laboratory or laboratories e capability to provide observed testing of Respondent as of this condition and of the Office of Probation Lab Test spondent uses to perform any portion of the testing the event that Respondent subsequently is informed or the Office of Probation to conduct the testing set forth testing in the manner set forth below, Respondent must (1) within 72 hours after acquiring such information, and (2) ole to the Office of Probation and capable of providing v, sufficiently promptly that Respondent will be able to |  |  |  |  |
|     |                                 | monthly, at Respondent's expense, during the first Respondent's probation/reproval conditions period alcohol and drugs. This testing will include an ethy equivalent tests accepted and approved in advance substances specified by the Office of Probation, in amphetamines, methamphetamines, barbiturates, marijuana, methadone, and propoxyphene. These  | to show that Respondent has abstained from the use of all glucuronide (EtG) test and a ten-panel drug test (or e by the Office of Probation) and for drugs and other cluding but not necessarily limited to alcohol, benzodiazepines, cocaine metabolite, opiates, oxycodone, tests must be performed by the laboratory pursuant to ines, and all testing must be observed. Respondent must   |  |  |  |  |
|     |                                 | probation/reproval conditions, Respondent must m number and email address at which Respondent can  | ring the period of Respondent's probation/reproval f Probation on a random basis. During the period of aintain with the Office of Probation a current telephone an be reached. Such tests are to be performed by the fice of Probation's email and telephone call to Respondent   |  |  |  |  |
|     |                                 |  | tory to provide a screening report directly to the Office of an analysis of the above tests, shows that each tested   |  |  |  |  |

| <b>/</b> [ | 10 | not | write  | above | thic   | lina | ١ |
|------------|----|-----|--------|-------|--------|------|---|
| ᄔ          | "  | HOL | wille: | aucve | 111115 | ши:  |   |

sample was properly obtained, and demonstrates that the above testing requirements were satisfied. Failure to provide, or revocation of, such instruction for a particular required test may be deemed a failure to comply with this condition. Each screening report must be provided directly to the Office of Probation at or before the time that its results are disclosed to Respondent and within ten (10) days after the time that the tested sample is provided to the laboratory. Each report must record the date and time of the testing, list all of the substances for which Respondent was tested, and show the individual results for each such substance. An overall synopsis, e.g., "negative," with no specific breakdown, is not sufficient. In the event a previously selected and approved laboratory fails to provide the Office of Probation with test results or screening reports meeting the above requirements within two weeks of testing, the Office of Probation may require Respondent to choose a different licensed medical laboratory, approved by the Office of Probation, for future testing.

| d. |   | <b>Medical Waivers:</b> Within 45 days after the effective date of the order imposing                          |  |  |  |  |
|----|---|--|--|--|--|--|
|    |   | discipline in this matter, Respondent must provide the Office of Probation with an authorization to disclose   |  |  |  |  |
|    | and obtain medical information (medical waiver) and access to all of Respondent's medical records |  |  |  |  |  |
|    |   | related to Respondent's substance abuse problem for the period . Revocation of any medical waiver is           |  |  |  |  |
|    |   | a violation of this condition. Any medical records obtained by the Office of Probation are confidential and no |  |  |  |  |
|    |   | information concerning them or their contents will be given to anyone except members of the Office of          |  |  |  |  |
|    |   | Probation, the Office of Chief Trial Counsel, and the State Bar Court who are directly involved with           |  |  |  |  |
|    |   | maintaining, enforcing, or adjudicating this probation/reproval condition.                                     |  |  |  |  |
|    |   |  |  |  |  |  |

| e | 0 | tl | h | e | r | • |
|---|---|----|---|---|---|---|
|   |   |    |   |   |   |   |