



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

GINGER PRYOR
Acting Director

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Fifth District



To Whom It May Concern,

I, CSW NAME, assigned Children's Social Worker to referral/case # xxxx-xxxx-xxxx-xxxxxx, verify that the above photographed person is NAME OF CLIENT DOB XX/XX/XXXX and can use this letter only for the purpose of Drug and Alcohol Testing while under the supervision/investigation of the Department of Children and Family Services.

If you have any questions, you may contact me at the information listed below.

Signature

Name of social worker and
Information