

South Dakota Department of Corrections
Parole Division

State of South Dakota)	24/7 Sobriety Program
)	
County of _____)	Participation Agreement for Twice-a-Day
)	PBT, U/A, Drug Patch
In the Matter of:)	
)	DOC ID#: _____
_____)	D.O.B. _____
Parolee.		

I, _____, have agreed to my placement in the 24/7 Sobriety Program (hereinafter referred to as "Program"). As a condition of being placed in this Program, I agree to strictly comply with all Program requirements set forth in this Agreement, the placement order or directive, and the instructions of my court service officer, parole agent or law enforcement representative (hereinafter referred to as "Contact Person"). I hereby agree to the following conditions:

1. I will assist in my enrollment in the 24/7 Sobriety Program and execute all documents that are part of the enrollment process.
2. I shall timely report and submit to all ordered or directed tests at the location stated in the placement order or directive or as designated by my Contact Person, as follows (appropriate blanks to be initialed by Witness):

_____ Twice daily PBT tests. The PBT tests will take place daily between the hours of _____:00 a.m. and _____:00 a.m. and between _____:00 p.m. and _____:00 p.m.

_____ Urinalysis (UA) tests when directed by my Contact Person.

_____ Drug Patch testing. Application and removal of patches will be at the times directed by my Contact Person.

3. I shall pay fees for the PBTs (\$1.00 per test), drug patch (\$40.00 per patch attached) and/or UA (\$5 per test) in advance or at the time of testing. In the event I have a positive UA sample, I also agree to be responsible for payment for any additional testing and analysis of the sample that may be requested by my Contact Person.
4. I will not possess or consume any controlled drug or substance or marijuana, nor will I knowingly be present where other persons are doing so.
5. I will not consume any alcohol, nor will I enter any bar or other establishment where alcohol is offered for sale and consumption on the premises.

Original to: Parolee file - send to address listed on Directive for Parolee Participation form
Cc: parolee, enrolling agency

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6. I will not consume or use any of the following items for a period of at least 30 minutes before PBT testing: mouthwash, toothpaste, cough syrup, carbonated beverages, food and tobacco products.

I understand that my failure to comply with this Agreement or the instructions of my Contact Person will be considered a violation of the order or directive placing me in the Program and may result in adverse legal consequences, including my incarceration. Should I at any time fail to report for or submit to a test, or should I otherwise violate any of the conditions of this Agreement, or should any amount of alcohol be indicated by a PBT, or should any alcohol or controlled substance be indicated by a UA or drug patch, I understand that I will be reported and if authorized under the placement order or directive, I may be detained, immediately taken into custody and held without bond until the matter can be brought before one of the judges of the Judicial Circuit captioned above or as otherwise provided by state law.

I understand that information regarding my participation in this Program, including my enrollment, reporting, test results, and payment of fees, will be placed in a reporting system that is operated by the Attorney General's Office and may be accessed by state and local agencies associated with my placement in the Program.

ACKNOWLEDGEMENT

I, _____, hereby acknowledge that I have read this Participation Agreement and understand its terms. I agree to comply with each of the conditions of my participation in the 24/7 Sobriety Program.

DATED: _____

Participant's signature

Witness' name and title (please print or type)

Witness' signature