

South Dakota Department of Corrections
Parole Division

State of South Dakota)
)
County of: _____)
)
In the Matter of:) DOC ID#: _____
)
_____) D.O.B: _____
)
Parolee

Directive for Parolee
Participation in 24/7 Program

Parolee _____ is hereby directed, under the authority SDCL 1-11-17 to 1-11-25, ARSD Article 2:06 and South Dakota Department of Corrections Policy to participate in the 24/7 Sobriety Program as a condition of parole supervision. All other conditions agreed to in your Community Supervision Agreement will remain in effect. You shall immediately enroll in the 24/7 Sobriety Program at: _____ in, _____ South Dakota.
(Name of Department or Agency) (City)

Parolee shall submit to testing in the form of (initial all applicable tests):

- _____ Twice daily PBT tests, and pay for the same at the rate of \$1/test.
 - _____ Electronic alcohol monitor testing (SCRAM) and pay for the same at the rate of \$6.00/day.
Payment to be made in advance in the amount of: _____.
 - Weekly (\$42) Bi-weekly (\$84) Four weeks (\$168)
- Defendant shall also pay \$30 for both activation and deactivation.
Payments will be made to Parolee's parole officer.

Testing will begin the date of your enrollment and continue until _____, 20__.

You must comply with all the conditions of participation in the 24/7 Sobriety Program including making timely payment of associated costs and expenses. If this directive is violated; or should you fail to comply with the conditions of participation in the 24/7 Sobriety Program; or should any test indicate the presence of alcohol or controlled drug or substance, it shall be considered a violation of the Community Supervision Agreement and may result in your immediate arrest and detainment, or other sanctions including revocation of parole or suspended sentence.

Dated this _____ day of _____, 20__.

Authorized Parole Staff

Contact Parole Agent immediately and detain parolee if:

Parolee has a positive PBT Positive Urinalysis Parolee did not show up at scheduled time for testing.

Parole Agent Name: _____

Parole Agent Primary Contact Number: _____

Address: _____