

South Dakota Department of Corrections
Parole Division

State of South Dakota) **Directive for Parolee**
) **Participation in 24/7 Program**
County of: _____)
)
In the Matter of:) DOC ID#: _____
)
_____) D.O.B: _____
Parolee

Parolee _____ is hereby directed, under the authority SDCL 1-11-17 to 1-11-33, 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 all testing and participation fees at the rates and amounts set by administrative rule as instructed by Parolee's parole officer.
- _____ UA(s) per week, and pay all testing and participation fees at the rates and amounts set by administrative rule as instructed by Parolee's parole officer.
- _____ Electronic alcohol monitor testing (SCRAM) and pay all testing, participation, installation and deactivation fees at the rates and amounts set by administrative rule. Payments will be made in advance 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 fees, 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, marijuana, 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 ☐ has a Positive Urinalysis ☐ did not show up at scheduled testing time

Parole Agent Name: _____

Parole Agent Primary Contact Number: _____

Address: _____