

**PARTICIPATION AGREEMENT  
24/7 SOBRIETY PROGRAM**

Participant Name \_\_\_\_\_  
Court \_\_\_\_\_  
Court Service Officer/Parole Agent/ Law Enforcement Representative  
Name and Title \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Date placed on program \_\_\_\_\_

I, \_\_\_\_\_, agree to my placement in the 24/7 Sobriety Program as a condition of my \_\_\_\_\_. As a condition of my participate in this Program, I further agree to strictly comply with all Program requirements set forth in this Agreement and the instructions of my court service officer, parole agent or law enforcement representative (hereinafter referred to as "Contact Person"). I understand that any failure by me to comply with this Agreement or the instructions of my Contact Person will be considered a violation of my \_\_\_\_\_ and may result in adverse legal consequences.

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 submit to all ordered or directed tests
  - a. Twice daily PBTs at the facility stated in the order or directive or designated by my Contact Person. The PBTs will take place between \_\_:\_\_ a.m. and \_\_:\_\_ a.m. and between \_\_:\_\_ p.m. and \_\_:\_\_ p.m.
  - b. Urine analysis (UA) when directed by my Contact Person at the location designated by my Contact Person
  - c. Drug Patch, at the times and location directed by my Contact Person
3. I shall pay for the PBTs, UA or drug patch in advance or at the time of testing in the amount set forth for testing fees, participation fees and costs by administrative rule or as stated in the order or directive. I understand the fees may change while I am on the program. Currently fees for the PBTs are \$1.00 per test and \$1.00 per day participation fee up to a maximum of \$30.00 for participation fees; drug patches are \$50.00 per patch attached and/or UAs are \$10.00 per test. Unless otherwise directed, 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 alcohol, controlled drug or substances, or marijuana. I will not enter any bars or drinking establishments.
5. 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.

6. That my reporting, the results of my tests and my enrollment information will be placed in a reporting system operated by the Attorney Generals Office that may be accessed by state and local agencies associated with my placement in the 24/7 Sobriety Program.

Should I at any time fail to report for or submit to a test or violate any of the bond conditions listed above, I may be immediately taken into custody as authorized by my conditions of bond. Should any amount of alcohol be indicated by a PBT, or should any amount of alcohol or a drug, controlled substance or marijuana be indicated by a UA, or drug patch, I understand that I shall be detained immediately and held without bond until the matter can be brought before one of the judges of the \_\_\_\_\_ Judicial Circuit.

### **ACKNOWLEDGEMENT**

I, \_\_\_\_\_, have read and understand the Participation Agreement and agree to comply with each of the conditions of my participation in the 24/7 Sobriety Program.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Defendant

Witness: \_\_\_\_\_