



24/7 Sobriety Program

Program rules and guidelines

Participant Name: _____ Booking Number: _____

Inmate Number: _____ Sentencing Court: _____

Judge: _____ Case Number: _____

Start Date: _____ Estimated Completion Date: _____

While participating in the 24/7 sobriety program you will be subject to the following requirements.

Twice a Day Breath Testing.

_____ **TESTING:** Participants are required to report for testing two times a day. One test in the morning and one test in the evening.

_____ **PROGRAM FEES:** All participants in the program will be subject to the following fees. You are required to pay in advance or at the time of testing. It is recommended that you pay ahead for future testing. Failure to pay is a violation. All participants will be subject to random U/A's at the participants expense. Some participants may be required to submit to U/A's on a regular basis. \$30.00 user fee for enrollment in the 24/7 sobriety program, (will be due prior to the first test).

\$2.00 for each portable breath test administered.

\$6.00 for each urine or oral fluid drug test administered.

\$10.00 per day for the use of the transdermal alcohol-monitoring bracelet.

_____ **POSITIVE TEST:** If the breath test indicates the presence of alcohol, you will be given a second breath test after being given a 15 minute waiting period. If the second breath test indicates the presence of alcohol you will be taken into custody for a violation (to be served immediately).

1st Violation: 8 hour jail commitment.

2nd Violation: 16 hour jail commitment.

3rd Violation: 24 hour jail commitment.

4th Violation: Taken into custody to facilitate a court appearance, may be removed from the program.

_____ **MISSING A TEST:** A No-Show during your designated testing hours is a violation of the 24/7 Sobriety Program. If you miss a test you will be taken into custody for a violation (to be served immediately or at program coordinators discretion). If you are late reporting for testing without prior notification and/or approval and are outside the designated test window, this constitutes a missed test and may result in a program violation.

1st Violation: 12 hour jail commitment.

2nd Violation: 24 hour jail commitment.

3rd Violation: 48 hour jail commitment.

4th Violation: Taken into custody to facilitate a court appearance, may be removed from the program.

_____ **TESTING LOCATION:** Weber County Correctional Kiesel Facility 370 26th St. Ogden, UT 84401

_____ **TESTING HOURS:** 7 days/week, 365 days a year.
Morning tests: 6:30 a.m. - 8:30 a.m.
Evening tests: 6:30 p.m. - 8:30 p.m.

_____ 30 minutes prior to testing **DO NOT** consume any food, beverage, gum, toothpaste, mouthwash, or tobacco product. **DO NOT** put anything in your mouth during the 30 minutes prior to testing.

_____ When reporting for testing, **DO NOT** bring backpacks, large purses, other bags, weapons, children or any animals.

_____ Any consumption of alcohol products constitutes a violation of the 24/7 Sobriety Program. This includes, but is not limited to; mouthwash, cough syrup and other commercial products containing alcohol (including cold medicine such as Nyquil).

_____ In the event that you are placed in jail on a violation of the 24/7 Sobriety Program you are required to immediately resume the twice daily breath testing upon release from custody.

_____ You are required to report any and all law enforcement contact. Any new citations may result in a program violation or your removal from the 24/7 Sobriety Program.

_____ You have forty five calendar days from the date of enrolling into the 24/7 Sobriety Program to have your driver's license reinstated. Failure to reinstate your driving privileges within forty five days may result in your removal from the 24/7 Sobriety Program. If your driving privileges are revoked for any reason, you will be removed from the 24/7 Sobriety Program.

_____ If, during the course of the program you will be unable to attend testing, other than for medical emergencies, you must notify 24/7 personnel in advance and you must request a furlough from your sentencing court. Be advised that the length of the program may be extended corresponding to the length of any given furlough.

Remote Electronic Alcohol Monitoring

_____ If you are put on electronic alcohol monitoring 24/7 staff will advise you to all of the equipment requirements, replacement costs and your responsibility for any damaged, lost, or destroyed remote electronic alcohol monitoring equipment.

_____ You must be within the range of the remote electronic alcohol monitoring equipment at reporting times scheduled by 24/7 staff. Remote electronic alcohol testing may be at regular or random intervals.

_____ Fees for the remote electronic alcohol monitoring must be kept current. Failure to keep your testing fees current may result in a violation and/or removal of the remote electronic alcohol monitoring device.

_____ Violations of the remote electronic alcohol monitoring surveillance program include positive alcohol detection and obstruction, tampering, damaging, or unauthorized removal of the bracelet or the supporting equipment, or failure to report at the designated times for diagnostics.

_____ The detection of blood alcohol concentration at any level constitutes positive alcohol detection in violation of the sobriety program requirements.

_____ Only authorized 24/7 personnel may remove the bracelet from a participant. You shall return all remote electronic alcohol monitoring equipment at the time of removal of the bracelet unless another bracelet is installed on you.

_____ You shall be responsible for all costs, including replacement and repair of a damaged remote electronic alcohol monitoring device, or other supporting equipment.

Urinalysis and Saliva Drug Testing

_____ All participants will be subject to random urinalysis and/or saliva drug testing at the participants expense. When reporting for breath testing all participants shall be prepared to submit for a urinalysis. If asked for a urinalysis the participant will not be allowed to leave until the urinalysis has been conducted.

_____ All prescription medications shall be reported to 24/7 personnel to be documented. You must provide documentation to 24/7 personnel which verifies the legitimacy of your prescriptions.

_____ Any positive test for alcohol or controlled substances will be a violation of the 24/7 sobriety program. Any attempt to defraud a urine/saliva test in any way will be violation.

_____ If you test positive for any illicit drug use not accounted for by legitimate and verified prescription medication, you will be required to submit to additional U/A testing at your expense. Following a positive test, participants will be given sufficient time to detox before another test is administered.

Substance Abuse Information

This is your only opportunity to declare any drug use prior to your acceptance into the 24/7 Sobriety Program. You may test positive for the following substance(s): If none, indicate "none".

- 1. _____ Last Used on ____/____/____
- 2. _____ Last Used on ____/____/____
- 3. _____ Last Used on ____/____/____
- 4. _____ Last Used on ____/____/____

_____ Participant Name (PRINTED)

_____ Participant Signature

____/____/____ Date

_____ Home Address

_____ Home/Cell/Other _____

_____ Email address

_____ Employer Name / Address

_____ Witness Name (PRINTED)

_____ Witness Signature

____/____/____ Date



24/7 Sobriety Program

RELEASE OF INFORMATION FORM

I, _____ (participant), have been ordered to participate in the 24/7 Sobriety Program. I understand that signing this Release of Information Form is a condition of the 24/7 Sobriety Program.

I authorize the disclosure and exchange of information relating to my participation in the 24/7 program among the agencies associated with the program. The agencies include, but are not limited to the Utah Highway Patrol, Utah Driver's License Division, Utah Department of Highway Safety, state and local prosecuting agencies, the Department of Corrections, state and local law enforcement agencies, and other criminal justice agencies.

In signing this Release of Information Form, I grant permission for these agencies to release, disclose, and exchange information including, but not limited to, enrollment, reporting, test results, infractions or violations, and other information collected during any participation in the 24/7 Sobriety Program; information contained in my criminal records; and other information maintained by law enforcement agencies.

I understand that the information relating to my participation in the 24/7 Sobriety Program may be used by the above-listed agencies for authorized government and law enforcement activities. These activities include, but are not limited to, determining whether I used alcohol while in the 24/7 Sobriety Program; monitoring my compliance with the order placing me in the 24/7 Sobriety Program; and investigating whether I violated the 24/7 Sobriety Program's conditions and taking appropriate action. I also understand that the information may be used to evaluate the effectiveness of the 24/7 Sobriety Program.

I understand that my Release of Information remains in effect and cannot be revoked while I am participating in the 24/7 Sobriety Program. This Release of Information will expire when I complete the 24/7 Sobriety Program. I understand, however, that all information obtained during my participation in the program may be used for statistical purposes and may be disclosed and exchanged among the above-listed agencies if I am again placed in the 24/7 Sobriety Program.

I understand that I may be contacted for follow-up interviews to provide information for statistical purposes, which may include information to my sobriety.

I understand that my removal from the 24/7 Sobriety Program for a violation does not constitute completion of the program.

PARTICIPANT NAME

PARTICIPANT SIGNATURE

DATE

WITNESS NAME

WITNESS SIGNATURE

DATE