

STUTSMAN COUNTY CORRECTIONAL CENTER  
24/7 SOBRIETY PROGRAM – DRUG PATCH REQUIREMENTS

Participant: \_\_\_\_\_

Criminal Case No: \_\_\_\_\_

District Court: \_\_\_\_\_

Municipal Court: \_\_\_\_\_

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1. The Participant shall submit to testing in the form of drug patch testing, and pay for the tests at the rate of \$55.00 per test. Payment shall be by cash only. No personal or two-party checks will be accepted. Payments must be paid before placement of the patch.
2. The Participant shall report to the Stutsman County Correctional Center **every 10 days** at the date and time set by the program manager.
3. The Participant shall not use or possess any controlled substances or marijuana, nor consume, use or possess alcohol in any form.
4. If at any time the Participant fails to report for placement and replacement of the drug patch, or if the Participant otherwise violates any of the conditions of the Court's Bond Order, or should there be a positive drug test, the Participant will be detained. He or she will immediately be taken into custody. The bond will then be set at the full amount that was previously determined by the court. If the defendant cannot post bond, he/she will remain in custody until his/her next scheduled court date, or the defendant may also request a hearing either to contest whether a violation of the program occurred or to amend the conditions of the bail.
5. **Drug patch change times are as follows 8am to noon Monday thru Friday ONLY.**

The Participant acknowledges receipt of these 24/7 Sobriety Project Bond Order requirements.

Dated \_\_\_\_\_

Participant \_\_\_\_\_

Dated \_\_\_\_\_

Witness \_\_\_\_\_

# STUTSMAN COUNTY CORRECTIONAL CENTER

## 24/7 Sobriety Program

### New Client Information

#### Client Information

First Name:

Last Name:

Jr / Sr:

Gender:

DOB:

Height:

Weight:

Hair Color:

Eye Color:

Operators License Number:

Social Security Number:

Residing County:

#### Employer Information

Employer:

Street:

State:

Zip Code:

Supervisor:

Work Phone:

Work Cell Phone:

UA RESULT:

FST RESULT:

#### For Office Use Only

\* Provide copy of identification for file or digital photo

\* Provide court order copy for file

\* Payment for monitor and hook-up cost

#### Primary Address

Street:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

#### Secondary Address

Street:

City:

State:

Zip Code:

STUTSMAN COUNTY CORRECTIONAL CENTER  
24/7 SOBRIETY PROGRAM- BREATH TESTING REQUIREMENTS

Participant: \_\_\_\_\_

Revised 10/2014,1/2019

Criminal Case No: \_\_\_\_\_

District Court: \_\_\_\_\_

Municipal Court: \_\_\_\_\_

1. The Participant shall submit to testing in the form of twice daily Alcohol Breath tests, and pay for the tests at the rate of \$1.00 per test. Payment shall be by cash. No personal or two-party checks will be accepted. A minimum of two weeks test fees (\$28.00) must be paid in advance.
2. The Participant shall report to the Stutsman County Correctional Center every day between 7:30 and 8:30 a.m. and between 7:30 and 8:30 p.m. to submit to breath testing for detection of the consumption of alcoholic beverages. *Failure to test during the required times will result in a violation and you will be detained.*
3. Testing will be conducted at the lobby area of the jail. You must bring a photo ID with you at all times. Do not bring any items with you that would set off the metal detectors.
4. The Participant shall not use or possess any controlled substances or marijuana, nor consume, use or possess alcohol in any form.
5. The Participant shall not consume or use any of the following items for a period of at least fifteen (15) minutes before Alcohol Breath testing: mouthwash, toothpaste, cough syrup, carbonated beverages, food and tobacco products.
  - a. If we suspect that you have had anything to drink including water, we will make you sit 15 min prior to testing.
6. If at any time the Participant fails to report for or submit to a test, or if the Participant otherwise violates any of the conditions of the Court's Bond Order or should any amount of alcohol be indicated by an Alcohol Breath test, the Participant will be detained, immediately taken into custody. The bond will then be set at the full amount that was previously determined by the court. If the defendant cannot post bond, he/she will remain in custody until his/her next scheduled court date, or the defendant may also request a hearing either to contest whether a violation of the program occurred or to amend the conditions of the bail.
7. If at any time a law enforcement officer believes you have consumed alcohol he/she can come to your residence or work and perform a breath test.

The Participant acknowledges receipt of these 24/7 Sobriety Project Bond Order requirements.

Dated \_\_\_\_\_

Participant \_\_\_\_\_

Dated \_\_\_\_\_

Witness. \_\_\_\_\_

# STUTSMAN COUNTY CORRECTIONAL CENTER

## 24/7 Sobriety Program

### New Client Information

#### Client Information

First Name:

Last Name:

Jr / Sr:

Gender:

DOB:

Height:

Weight:

Hair Color:

Eye Color:

Operators License Number:

Social Security Number:

Residing County:

#### Employer Information

Employer:

Street:

State:

Zip Code:

Supervisor:

Work Phone:

Work Cell Phone:

UA RESULT:

FST RESULT:

#### Primary Address

Street:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

#### Secondary Address

Street:

City:

State:

Zip Code:

#### For Office Use Only

\* Provide copy of identification for file or digital photo

\* Provide court order copy for file

\* Payment for monitor and hook-up cost