

Lancaster County Department of Community Corrections

24/7 Sobriety Program

Participant Agreement

I have been ordered to participate in the 24/7 Sobriety Program. As a participant of the 24/7 Sobriety Program, I am required to abide by the specific rules and requirements of the program.

I agree to comply with the following rules and requirements:

1. I will strictly comply with all program requirements set forth in this Agreement, the court order, and the instructions of the Community Corrections staff, The Bridge or other agency staff, corrections staff, and law enforcement;
2. I will behave in a civil and respectful manner at all times. I understand that any harassment or aggressive behavior will not be tolerated and will be met with a sanction up to and including placement in custody pending a bond review;
3. I will complete all documentation requested by the 24/7 Sobriety Program;
4. I will complete two preliminary breath tests (PBT) per day, one in the morning and one in the evening. I understand that I am also required to submit to random observed urinalysis or oral fluid tests as requested;
5. I will report on-time and submit to all ordered or directed tests at the location and times specified below:

Location: 605 S. 10th Street (South Entrance)
Lincoln, NE 68508

Testing Days/Times: 7 days per week/365 days per year
5:30 AM - 7:30 AM
5:30 PM - 7:30 PM

6. I will pay all testing and program fees as tested or in advance. I will pay the \$30.00 enrollment fee by the date listed below. I will pay \$1.00 each time I test or make payments in advance of my fees. I understand I may make an advance payment of no more than one month at a time (\$60.00). I understand the enrollment fee will be applied to my first 30 tests and that fee is non-refundable;

i. Intake date: _____ (custody release date)

ii. First payment due by: _____ (5th day of participation)

- iii. Cash and money order payments can be made in the testing area, for the exact amount only. No change will be given. I will accurately complete the payment documentation with my cash or money order.
 - iv. Payments are also accepted Monday through Friday between 8:00am and 4:00pm, at 605 S. 10th Street Suite B131. Cash and money orders are accepted; Additional fees may apply for use of credit or debit card.
7. Failure to comply with my payment plan to a deficit of \$10.00 will result in meeting with the Drug Testing Coordinator. I understand that failure to comply with payment past a \$14.00 deficit will result in the drug technician not testing me and I will be subject to a missed test violation;
8. I understand there will be an immediate sanction for any behavior that violates the rules of the 24/7 Sobriety Program. Below is a list of the expected sanctions should I have a violation. I understand that this list does NOT cover every possible violation;
- i. Any positive test (PBT or UA):
 - 1. First Violation: 12 hours at The Bridge detox facility or until my PBT is .000 (whichever is longer)
 - 2. Second Violation: 24 hours in the Lancaster County Jail
 - 3. Third Violation: 48 hours in the Lancaster County Jail and a bond review
 - ii. Late to test (less than 30 minutes):
 - 1. First Violation: Verbal Warning
 - 2. Second Violation: 4 hours community service
 - 3. Third Violation: 24 hours in the Lancaster County Jail
 - 4. Fourth Violation: 48 hours in the Lancaster County Jail and a bond review
 - iii. Adulteration of a test (dilution, substitution, tampering with monitoring equipment, etc.):
 - 1. First Violation: 24 hours in the Lancaster County Jail
 - 2. Second Violation: 48 hours in the Lancaster County Jail and a bond review
 - iv. Missing a test (30 minutes late or more, non-compliance with payment plan at \$14.00 deficit):
 - A warrant will be requested, then upon apprehension:
 - 1. First Violation: 24 hours in the Lancaster County Jail
 - 2. Second Violation: 48 hours in the Lancaster County Jail and a bond review
 - v. Absconding from the 24/7 program (i.e. providing a positive test then leaving the testing area, missing two or more consecutive tests, leaving The Bridge before completion of 12 hour sanction):
 - A warrant will be requested, then upon apprehension:
 - 1. First Violation: Placement in the Lancaster County Jail pending bond review
9. I understand that any new charges I receive while on the Lancaster County 24/7 Sobriety Program will be reported to the court. The court will determine if I may continue to participate in the 24/7 Sobriety Program.

10. I will not consume any alcohol, nor will I enter any bar or other establishment where the primary sale is alcohol;
11. I understand that use of any detectable amount of alcohol-containing products constitutes a violation of the 24/7 Sobriety Program. A list of products I should not use has been provided;
12. I will not possess or consume marijuana or any controlled substance. Exceptions may be made for lawfully prescribed controlled substances by licensed practitioners with supporting documentation provided to staff;
13. I will provide documentation of all prescribed medications to the staff of the 24/7 Sobriety Program prior to the next time I test;
14. I understand it is my responsibility to take over-the-counter medications that do not affect drug testing and I agree to follow the instructions provided on the Approved Medication form I have been provided;
15. I will not consume any food, beverages, gum, lozenges, cough syrup, toothpaste, mouthwash, or tobacco products 15 minutes prior to testing;
16. I understand that in an emergency situation, such that I am incapacitated and unable to be present for testing, I will be required to provide appropriate documentation stating such prior to my next test. If I am unable to produce this documentation, I will be subject to sanctions for missing testing;
17. I understand excused absences from testing need to be requested and approved at least two weeks prior to my departure. A court order or signed authorization from my parole or probation officer will be required in most cases. For all excused absences from testing, or at any time by the request of Community Corrections staff or the court, I will be placed on a continuous alcohol monitoring device and will be responsible for the costs associated with using this device. I agree to comply with the rules and restrictions for the continuous alcohol monitoring device;
18. I understand that transportation to and from the testing site is my responsibility. I understand that upon release from The Bridge or the Lancaster County Jail, it is my responsibility to arrange transportation. I understand that bus passes may be provided to me upon request at no charge to me. I agree not to drive any vehicle without a valid license;
19. I understand that I am allowed to park in the designated "Drug Testing Parking" area south of the building. I am not to park in the parking lot south of the building. Should I receive a violation for which I am to be placed in custody, I will not be allowed to move my vehicle;
20. No minor children should be left in a vehicle unsupervised; they may accompany me into the Testing Area. Should I receive a violation for which I am to be placed in custody and I have minor children with me, I will be allowed to make arrangements for family/friend to pick them up. If I am unable to do so, Child Protective Services will be contacted; and
21. In the case of inclement weather, I understand that I must call 402-441-8747 and listen to the message. If testing is canceled, there will be a message stating such; otherwise I will be expected to arrive for testing.

I understand that failure to comply with this Agreement is a violation of 24/7 Sobriety Program. Violations will result in immediate sanctions up to and including incarceration or revocation of my participation in the 24/7 Sobriety Program.

Acknowledgment

I hereby acknowledge that I have read this Participant Agreement and understand its terms. I agree to comply with each of the conditions of my participation in the 24/7 Sobriety Program.

Participant Name: _____ Signature: _____

Witness Name/Title: _____ Signature: _____

Dated: _____