



Montana Department of Justice

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 Sobriety Program among the agencies associated with the program. These agencies include the Montana Department of Justice, the Department of Corrections, the Helena Prerelease Center, state and local prosecuting agencies, 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, infractions or violations, and other information collected during my 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 a participant 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 related 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 SIGNATURE

DATE

WITNESS SIGNATURE

DATE