



**Montana Department of Justice**  
**24/7 Sobriety Program**  
**VIOLATION FORM**

Date: \_\_\_\_\_

Testing Time (circle one): A.M. / P.M.

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

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

Testing Location:

Helena Prerelease Center  
805 Colleen Street  
Helena, MT 59601  
406-442-6572

Lewis & Clark County Detention Center  
221 Breckenridge Street  
Helena, MT 59601  
406-447-8232

Participant has been ordered to participate in the 24/7 Sobriety Program as a condition of bond or pretrial release, as a condition of a suspended sentence or probation, or as a condition of parole. Participant has violated the 24/7 Sobriety Program condition in the following manner:

- Failed the PAST  
1st PAST: \_\_\_\_\_ %; Time: \_\_\_\_\_  
2nd PAST: \_\_\_\_\_ %; Time: \_\_\_\_\_
- Failed to appear for a breath test
- Failed to enroll
- Failed to complete orientation
- Presence of alcohol detected by a SCRAM device
- Tampered with a SCRAM device

Judge/Parole Officer: \_\_\_\_\_

File #: \_\_\_\_\_

Original Offense: \_\_\_\_\_

Order Condition (circle one): Bond / Suspended or Probation / Parole / Other

\_\_\_\_\_

Name of Person Contacted (County Attorney's Office; City Attorney's Office):

\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Technician Making Report: \_\_\_\_\_

A copy of the probable cause affidavit is attached to this Violation Form.