

COURT OF COMMON PLEAS OF CARBON COUNTY, PENNSYLVANIA

CRIMINAL DIVISION

COMMONWEALTH OF PENNSYLVANIA

:

V.

: NO:

:

ACKNOWLEDGEMENT OF GENERAL CONDITIONS OF PROBATION/PAROLE SUPERVISION

I understand that any sentence of probation/parole imposed by the Court will be subject to certain general and/or specific conditions. In addition to any conditions imposed by the Court on the record at the time of my hearing, I understand that the general conditions set forth below will also become part of and be incorporated into any such sentence(s). I have read these conditions carefully and have reviewed them with your lawyer, if applicable. By placing my initials next to each such condition, I acknowledge that I have read and understand each such condition.

- ___ 1. I will report as directed by my probation/parole officer either in person, in writing or by telephonic means and permit my probation/parole officer to visit me at my home, place of employment or any other specified location as requested.
- ___ 2. The address that I provide at the time of my sentencing hearing shall constitute my approved residence for supervision purposes and cannot be changed without the prior permission and knowledge of my probation/parole officer.
- ___ 3. I will refrain from the violation of any Municipal, County, State and Federal criminal statutes as well as provisions of the Vehicle Code and the Liquor Code. I understand that I must notify my probation/parole officer of any arrest or citation within seventy-two (72) hours of occurrence.
- ___ 4. I shall not operate a motor vehicle if my driver's license is suspended.
- ___ 5. I will make a concerted effort to obtain and maintain steady employment. If employment is lost or changed, I must notify my probation/parole officer within seventy-two (72) hours and cooperate with him/her in locating other suitable employment.
- ___ 6. I will abstain from the unlawful possession, or sale of, narcotics, drug paraphernalia and dangerous drugs, and abstain from the use of controlled substances within the meaning of the Controlled Substance, Drug, Device and Cosmetic Act, without a valid prescription. Also, I will submit to random urinalysis screening as requested by my probation/parole officer.
- ___ 7. I will remain in the Commonwealth of Pennsylvania unless my probation/parole officer, prior to such travel, has granted permission to leave the Commonwealth.
- ___ 8. While under supervision, I will refrain from possessing any firearms, rifles, deadly weapons or other prohibitive offensive weapons on my person, in my vehicle or in my residence. *Hunting shall be strictly prohibited.*

- ____ 9. I will submit to searches of my property, residence or person when requested by my probation/parole officer when there is reasonable suspicion to believe that I have violated the terms and conditions of supervision or have in my possession illegal contraband.
- ____ 10. I shall not engage in overt or assaultive behavior, which is deemed threatening to the health, safety and well-being of myself, others or the community. Also, I shall not engage in behavior, which may result in the filing of a petition with the Court for a temporary and final protection orders pursuant to the Protection from Abuse Act, 35 P.S. § 10181, et. seq., as amended.
- ____ 11. I will make all payments on my Court costs, fines, supervision fees and restitution as determined by the Court, probation/parole department or the Bureau of Collections.
- ____ 12. I will report to any treatment agency recommended by my probation/parole officer and follow all directives and recommendations made by the treatment facility.
- ____ 13. I shall not associate with any individuals presently under probation, parole or intermediate punishment supervision in this or any other jurisdiction without the prior consent and knowledge of my probation/parole officer.
- ____ 14. I shall not act in the capacity of a confidential informant with any law enforcement agency without prior permission from the Court and/or the Chief Adult Probation/Parole Officer.
- ____ 15. I shall also comply with all other special conditions imposed by the Court at the time of my sentencing.

Date

Signature of Defendant

STATEMENT OF DEFENDANT'S ATTORNEY

As counsel for the above-named defendant, I acknowledge that I have explained the content and meaning of this document to the defendant and that any questions that the defendant has asked of me pertaining to this document have been answered. I further acknowledge that I have explained the conditions in this document to the Defendant and I am satisfied that the Defendant understands these conditions.

Signature of Attorney

Attorney Identification #