

YORK COUNTY DEPARTMENT OF PROBATION SERVICES



45 NORTH GEORGE STREET
YORK, PENNSYLVANIA 17401
ADULT OFFICE 2nd FLOOR
717-771-9602 FAX 717-771-9846
JUVENILE OFFICE 3rd FLOOR
717-771-9567 FAX 717-852-4925



To: _____ Case Number(s): _____

The Court has conditionally released you under the supervision of the York County Probation Department. You must comply with the regulations and conditions listed below. If you violate any of them, your Probation Officer has the authority to temporarily detain you in prison, or to return you to Court for further disposition. A violation may result in revocation of your probation, parole or Intermediate Punishment and a sentence of imprisonment.

The Sentencing Court has the power to alter, delete, or add conditions during the period of probation or parole.

REGULATIONS & CONDITIONS OF PROBATION, PAROLE, AND INTERMEDIATE PUNISHMENT

1. You must report as directed to your Probation Officer and permit the Probation Officer to visit your residence.
2. You must abstain from the possession and/or consumption of illegal drugs. If so directed by the Probation Officer, you are to cooperate with drug testing. Any appointment missed for no legitimate reason at which established testing is scheduled, will result in a positive drug or alcohol test designation.
3. You must abstain from the excessive use of alcohol (.05% or greater blood alcohol content). If directed by the Court to participate in any substance abuse programming or sex offender programming, you are prohibited from the possession or consumption of alcohol during your term of supervision.
4. You will not change your residence or travel outside of York County without prior permission from your Probation Officer and, in the instance of a move to another state, permission from the Interstate Compact.
5. You must maintain regular employment. If you lose or change your job, you must report this fact in writing to your Probation Officer within 72 hours. If unemployed, you must make a diligent effort too obtain employment and provide proof of your efforts.
6. You are required to pay the York County Clerk of Courts all restitution, costs, fines, supervision fees, and any other Court ordered fees in the manner directed by the Court or your Probation Officer. The initial payment amount is based on your income of _____. Any change in income must be reported in writing to your Probation Officer.
7. You must comply with the laws of the United States, the Commonwealth of Pennsylvania, and the community in which you live. Any violation of the law for which a fine or imprisonment may be imposed constitutes a violation of your probation or parole. You must report any new arrest (including citations or summonses) to your Probation Officer within 48 hours.
8. You are prohibited from furnishing false statements concerning your conditions to your Probation Officer.
9. You will not possess, control or use firearms (handguns, shotguns, rifles) or any deadly or illegal weapons. Federal law prohibits the possession or transportation of firearms by individuals convicted of an offense punishable by more than two years imprisonment.
10. You will refrain from any assaultive/threatening behavior that presents a danger to yourself or others.

11. Special conditions imposed by the Court:

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Intensive Supervision | AverHealth / TASC Drug Testing |
| <input type="checkbox"/> Electronic Monitoring _____ | Random Drug Testing |
| <input type="checkbox"/> Community Service _____ | Male Batterers Class |
| <input type="checkbox"/> Alcohol Monitoring _____ | No Contact with Victim . |
| <input type="checkbox"/> Sex Offender Treatment | Parenting Classes |
| <input type="checkbox"/> CRN Evaluation | Anger Management |
| <input type="checkbox"/> DUI Education Classes | GED |
| <input type="checkbox"/> Mental Health Evaluation | Other _____ |
| <input type="checkbox"/> Drug/Alcohol Evaluation | Other _____ |
| <input type="checkbox"/> Outpatient Counseling/Treatment | Other _____ |
| <input type="checkbox"/> Mental Health Treatment | |
| <input type="checkbox"/> In-patient Treatment/Aftercare | |

ADDITIONAL CONDITIONS FOR NON-RESIDENTS OF YORK COUNTY:

A. Report monthly by mail until supervision of your case is accepted by the authorities in your area.

B. You must obtain consent from York County Adult Probation before leaving your state of residence.

By law, you are subject to search of your person, vehicle, and place of residence. All contraband found is subject to seizure.

Any client under the supervision of the York County Adult Probation Department may request a review of an action, decision, policy or non-court ordered condition. The grievance should be filed in writing to the Chief Adult Probation Officer. The decision by the Chief shall be final.

I, the undersigned, have read or have had read to me, the foregoing conditions of my Probation/Parole before signing and I am fully aware of the contents.

Client Signature: _____ Date: _____

Print Client Name: _____

Witness Signature: _____ Date: _____

Print Witness Name: _____

Effective Date of Probation, Parole, or Intermediate Punishment: _____ Expiration Date: _____