

STATE OF INDIANA)
) SS:
COUNTY OF STARKE)

IN THE STARKE CIRCUIT COURT

ANNUAL TERM

STATE OF INDIANA

VS.

CAUSE NO. 75C01- _____

ORDER OF PROBATION
STANDARD CONDITIONS OF PROBATION

It is the order of the court, that in consideration of a suspended sentence of _____, the defendant be placed on probation for a period of _____ from the date of sentence/release, until said period is served, unless sooner discharged, under the supervision of a Probation Officer of this court upon the following conditions:

I WILL COMPLY WITH EACH OF THE FOLLOWING CONDITIONS DURING THE TERM I AM ON PROBATION:

- LAWS AND CONDUCT:** I will not violate any law: Federal, State, or Local. I will immediately contact my Probation Officer if arrested, charged and/or questioned by a Law Enforcement Officer.
- PROBATION REPORTING OBLIGATION:** I will report directly to the Probation Department when ordered by the court and/or when released from incarceration. I will continue to report as directed by the Probation Officer until the termination of my probation period. Family members cannot set or change my appointment.
- EMPLOYMENT/RESIDENCE/INQUIRIES:** I will work regularly at a lawful occupation and support my dependants. If not employed, I will attempt to find a job or enroll in an educational program. I will answer all reasonable inquiries by the court or my Probation Officer. I will not move from my residence without first contacting my Probation Officer. I shall provide a valid address and telephone number at all times. I will waive my fourth amendment right and will submit my person, place of residence and vehicle to a reasonable search and seizure at any time by my Probation Officer and/or law enforcement officer in the presence of the Probation Officer.
- INTOXICANTS/NARCOTICS/CONTROLLED SUBSTANCES:** I will not use, purchase, possess, give away, sell or administer any illegal drugs/controlled substances and or alcohol. I will not visit any establishment that serves or sells alcohol as the primary product. I will submit to drug/alcohol testing immediately upon the request of my officer and/or the court by any means and at my cost. The result of that test may be used against me in a court proceeding. Submitting an adulterated or forged screen or refusal to submit to the test may be considered a violation. Prescriptions must be valid, in my name, and taken as prescribed. I may not purchase or possess Pseudoephedrine (or related medications) without a valid medical reason and prior approval of my probation officer.
- TREATMENT:** I shall undergo available medical/psychiatric treatment, including treatment for substance abuse, and remain in an institution if required to do so. I will sign a release of information for the court and my Probation Officer.
- TRAVEL:** I must not leave the jurisdiction of the court unless given permission by my Probation Officer. Written permission must be obtained from the Court to leave the State of Indiana for over 24 hours.

- 7. **FIREARMS:** I shall refrain from possessing any firearm or other deadly weapon unless granted written permission by the court. Under federal law, if I have been convicted of a felony or domestic violence offense, I understand I lose all rights to possess (or discharge) a firearm.
- 8. **ADDITIONAL CONDITIONS:** I will fully comply with the Sentencing Order. I will comply with all rules of Starke County Community Corrections. I will attend, pay all costs and successfully complete any programs deemed necessary to my rehabilitation by the court or the Probation Officer. The court reserves the right to modify my conditions of probation, at any time, in my presence.
- 9. **FINANCIAL OBLIGATIONS:** I will pay the following financial obligations to the Probation Department even if I am not employed. I agree to submit to a financial plan and payment schedule as designated by my Probation Officer. I will make restitution or reparation to the victim of my crime for any damage or injury sustained by the victim. I will pay court fines and probation fees as listed. I understand that if I knowingly or recklessly fail to pay, any and all of my suspended sentence may be imposed. I am ordered to pay the following with a money order:

Probation User Fees: INITIAL FEE \$100 + ADMIN. FEE \$100 felony / \$50 misdemeanor
 +MONTHLY FEE \$30.00 felony / \$15.00 misdemeanor (x _____ months on probation) =

TOTAL OWED \$ _____ **(PAID TO PROBATION DEPT)**

\$ _____ is due w/in _____ days / months

Drug Screen Fee: \$35.00 - urine screen and/or oral swab (cost per test-added to balance)

- () Countermeasures/Court fees and/or Restitution: as stated in sentencing order TO CLERK
- () Pauper counsel: _____ TO CLERK
- () OTHER _____

I have read and understand the rules and conditions of probation. I further understand that if I fail to comply with these provisions during the probation period of _____ months, a petition to revoke probation may be filed while I am on probation, one (1) year after the termination of probation or forty five (45) days after the state receives notice of any violation.

If my probation is revoked, I may be sent to a penal institution to serve all of my suspended sentence.

As ordered by the court on this date, the _____ day of _____, 20_____.

 Judge/Magistrate/Special Judge

_____ or _____ acknowledged on record
 Defendant

UPON REVIEW BY THE PROBATION DEPARTMENT:

Witness our signatures on this the _____ day of _____, 20_____.

 Probationer

 Probation Officer