

STATE OF OHIO:
Butler County Area Courts

Case No:

GENERAL CONDITIONS OF SUPERVISION

In consideration of having been granted supervision on _____, I agree to report to my supervising officer according to the written or verbal instructions I have received and the following general and special conditions:

1. I will obey federal, state and local laws and ordinances, including all orders, rules and regulations of Butler County Area Court. I agree to conduct myself as a responsible law abiding citizen.
2. I will always keep my supervising officer informed of my residence and place of employment. I will obtain permission from my supervising officer before changing my residence or my employment.
3. I will not leave the State of Ohio without written permission of the Butler County Area Court.
4. I will not enter the grounds of any correctional facility nor attempt to visit any prisoner without the written permission of my supervising officer. I will not communicate with any prisoner in any manner without obtaining permission from my supervising officer.
5. I will follow all orders verbal or written given to me by my supervising officer or other authorized representatives of the Court.
6. I will not purchase, possess, own, use or have under my control any firearms, ammunition, dangerous ordnance or weapons, including chemical agents, electronic devices used to immobilize, pyrotechnics and/or explosive devices.
7. I will not possess, use, purchase, or have under my control any narcotic drug or other controlled substance or illegal drugs, including any instrument, device or other object used to administer drugs or to prepare them for administration, unless it is lawfully prescribed for me by a licensed physician. I agree to inform my supervising officer promptly of any such prescription and I agree to submit to drug testing if required by the Butler County Area Court. I will also be subjected to mandatory DNA testing which will be conducted at the departments order.
8. I will report any arrest, citation of a violation of the law, conviction or any other contact with a law enforcement officer to my supervising officer no later than the next business day. I will not enter into any agreement or other arrangement with any law enforcement agency which might place me in the position of violating any law or condition of my supervision, unless I have obtained permission in writing from the Court.
9. I agree to a search, without warrant of my person, my motor vehicle, or my place of residence by a supervising officer of the Butler County Area Court or, law enforcement officer at any time.
10. I agree to sign a release of confidential information from any public or private agency if requested to do so by a supervising officer.
11. I agree not to associate with persons who have a criminal background and/or persons who may have gang affiliation, or who could influence me to engage in criminal activity, without the prior permission of my supervising officer.
12. I agree to pay or comply with all financial obligations, including timely full payment of child support, as ordered by any court. I agree to pay all restitution, including any medical/psychological treatment required by the victim as a result of the offense, fines, court costs, and a monthly Probation Fee as set by the Court, or the Probation Department and according to a signed repayment agreement.
13. I agree to give all information regarding my financial status to assist in determining my ability to pay specific financial obligations, to my supervising officer.
14. I agree to follow all rules and regulations regarding treatment facilities or programs of any type in which I am placed or ordered to attend while under the jurisdiction of the Court.
15. I agree to fully participate in, and successfully complete, the following indicated sanctions as part of my Supervision plan.

SUPERVISION PLAN

- 1.
- 2.
- 3.
- 4.
- 5.

I agree and understand that if I am arrested in any other state or territory of the United States or in any foreign country, my signature as witnessed at the end of the page will be deemed to be a waiver of extradition and that no other formalities will be required for authorized agents of the State of Ohio to bring about my return to this state.

I have read or had read to me the conditions of my community control, I fully understand these conditions and I agree to follow them. I understand that a violation of any of these conditions may result in the revocation of my community control which may result in additional imposed sanctions, including incarceration.

In addition, I understand that I must participate in the preparation of my supervision plan, follow these conditions until notified by the supervising officer of the Court. By my signature I acknowledge that I have received a copy of the conditions of supervision, which include said supervision plan. I further understand that I may request a meeting with my supervising officer or his/her supervisor if I feel there are problems with any of the conditions or instructions or I have additional needs that are not being met by my supervision plan, I shall make this request in writing.

WITNESS,

OFFENDER'S SIGNATURE

ADDRESS:

PHONE:

EMAIL: