Medina County Court of Common Pleas
Adult Probation Department

RULES OF PROBATION AND COMMUNITY CONTROL

Ensuring Justice, Protecting the Public, and Changing Lives

JUDGE _____
PROBATIONER _____
CASE NO(S) _____
OFFENSE _____
_____
_____
_____
SENTENCE DATE _____
SUPERVISION PERIOD _____
PROBATION OFFICER _____

SPECIFIC CONDITIONS ORDERED BY COURT**:**

☐ **Restitution** ☐ **Sup. Fee** ☐**CC** ☐**Fine** ☐**Other Expenses** ☐ **Employment** ☐ **SAM ____days** ☐**No Alcohol**
☐ **Substance Abuse Assessment** ☐**Mental Health Assessment** ☐ **Sex Offender Assessment** ☐**Domestic Violence Program**
☐ **Anger Management Program** ☐ **Theft Counseling** ☐ **CBT Program(s)** ☐**Community Service ____ hours**
☐**O.L. Suspension ____months** ☐ **Continuous Alcohol Monitoring ___ days** ☐ **Electronic Monitoring ____ days**
☐ **Home Arrest ____ days**

_____

_____

_____

You are in custody of the Court by reason of your felony/misdemeanor conviction. Your rights as a citizen are restricted until your Community Control/Probation is terminated. As a probationer, you can be arrested without warrant by any Probation Officer or by any other police authority upon written order of your Probation Officer.

IT IS THE ORDER OF THE COURT THAT YOU SHALL COMPLY WITH THE FOLLOWING CONDITIONS OF PROBATION:

1. Report to your probation officer as directed. Complete the check-in process accurately and completely with every office or kiosk visit. Reporting Schedule: _____
2. Submit as directed to observed drug or alcohol testing. You must provide a sufficient, non-dilute sample for the test if the test being administered is a urinalysis. The only controlled substances you are permitted to have or to use are those properly prescribed by your doctor and you must provide proof of prescription upon request. You shall take medication as prescribed by your doctor and shall authorize release of information to the Probation Department. Additionally, you cannot possess any instrument, device, or other objects used to administer drugs. Also you are not to eat poppy seeds.
3. I agree to fully participate in, and comply with, any special conditions and treatment recommendations that will include programming/interventions to address high and moderate domains if indicated by a validated risk tool and any other special conditions imposed by the Probation Department or the Court.
4. I agree to follow all orders given to me by my supervising officer or other authorized representatives of the Court including notifying my supervising officer before changing residences.
5. I agree to not purchase, use, possess, have access to, or carry a firearm, deadly weapon or dangerous ordinance.
6. I agree to obtain a written travel permit from the Probation Department before leaving the State of Ohio.
7. I agree to obey all federal, state and local laws and ordinances, including those related to illegal drug use and registration with authorities. I will report any new arrests or questioning by any law enforcement officer.
8. I agree to not enter into any agreement to act as an informer or special agent of a law enforcement agency without the permission of the Court.
9. I agree to not work on any job caring for the elderly, children, or mentally disabled without the permission of the Judge or Probation Department. I agree to work regularly at a lawful occupation or perform a minimum of twenty-four (24) hours of Community Service per week in lieu of employment unless excused by the Probation Officer for schooling, training or any other acceptable reason.
10. I agree to waive my Fourth Amendment rights to search and seizure by my Probation Officer. Any search may include my person, any electronic devices, vehicles, residences as well as any other property or area under my control at any given time and may be conducted by either my Probation Officer and/or any other law enforcement official if directed by my Probation Officer.
11. I agree and understand that if I am arrested in any other State or Territory of the United States or any foreign country, my signature as witnessed at the bottom of this form will be deemed to be a waiver of extradition and no other formalities will be required for authorized agents of the State of Ohio to bring about my return to this State.

I hereby acknowledge that I have read (or had read to me) the above conditions of Probation and Community Control. I understand these conditions and have received a copy of them. Until such terms are modified, they shall remain in effect as written above. I further understand that failing to comply with one or more of the above conditions may result in my arrest, a violation hearing, and imposition of jail or prison sentence.

_____ _____ _____
Signature of Probation Officer | Date | Signature of Offender