

CHESTER COUNTY ADULT PROBATION & PAROLE DEPARTMENT



CHESTER COUNTY JUSTICE CENTER
201 W. MARKET STREET - SUITE 2100
PO Box 2746
WEST CHESTER, PA 19380-0989
610-344-6290 ■ 1-800-692-1100 ■ FAX: 610-344-6321

CHRISTOPHER J. MURPHY
CHIEF ADULT PROBATION OFFICER

JOSEPH CARLINI
DEPUTY CHIEF

JENNIFER LOPEZ
DEPUTY CHIEF

You have been granted Probation/Parole by the Chester County Court. You are therefore, placed under the supervision of this office and must comply with the following rules. In consideration of being granted Probation or Parole, you give consent to a search of person, residence, or property upon reasonable suspicion that you have or are violating Probation and/or Parole. In the event that you violate any of these conditions, this office has the authority to arrest you and to detain you in a county prison and to make recommendations to the Court which may result in the revocation of your Probation/Parole and commitment to prison.

GENERAL RULES FOR PROBATIONERS AND PAROLEES

1. You shall comply with all Municipal, County, State and Federal Laws, Ordinances, Court Orders and conduct yourself as a good citizen. You must notify your Probation Officer within 72 hours if you are arrested or are questioned by any law enforcement officer.
2. You shall report as directed and follow any other instructions of your Probation/Parole Officer. Method of reporting: Monthly Weekly 2 Times a Week **IN PERSON** (unless Ordered non-reporting by the Court or until otherwise directed by the Probation Officer.) If you are not contacted by the Adult Probation/Parole Department within 30 days you are to contact your Probation/Parole Officer. Your assigned Probation/Parole Officer is listed at the end of this form.
3. You shall sign any and all releases necessary to further treatment and supervision aims. You shall also sign releases which will allow the Probation/Parole Officer to review diagnostic and treatment information.
4. You shall obtain permission from your Probation/Parole Officer before leaving the Commonwealth of Pennsylvania. You shall obtain permission from your Probation/Parole Officer before changing address or employment. If you lose your job you must notify your Probation/Parole Officer within 72 hours. If not gainfully employed, you must actively seek employment.
5. You shall not own, possess, use, sell or have under your control illegal drugs or narcotics. You shall not consume alcoholic beverages. You shall submit to urinalysis, chemical or other type of testing to ensure compliance with these conditions. If you attempt to submit a fake urine sample you will be prosecuted for a misdemeanor of the third degree.
6. You shall not possess, use, sell or have under your control firearms (handguns, shotguns, or rifles), ammunition, imitation (look-alike) firearms, or any other deadly weapons.
7. You shall support your dependents, if any, and assume toward them all your moral and legal obligations. You shall associate only with law-abiding persons and must refrain from frequenting unlawful or disreputable places.
8. You shall not knowingly supply false information to this department or this Court.
9. You shall refrain from behavior which threatens or presents a danger to yourself or others.

Initials of Defendant

Revised 11-10-09

10. You shall pay fines, costs, and/or restitution as directed by the Court and according to a payment plan. You shall make payments towards any restitution regardless of your financial or medical situation. **PLEASE BE ADVISED THAT YOUR NAME AND TERM NUMBER MUST APPEAR ON YOUR CHECK OR MONEY ORDER.**

11. You shall pay monthly Administrative Fee of \$10.00 and a monthly Supervision Fee of \$40.00.

12. If your case is transferred to another state for supervision, you will be assessed a non-refundable fee of \$100.00.

13. Special Conditions (These conditions apply if checked “√”)

- | | |
|--|--|
| <input type="checkbox"/> Alcohol Safe Driving Program | <input type="checkbox"/> Enhanced Supervision Program |
| <input type="checkbox"/> Drug/Alcohol Evaluation and recommended Treatment | <input type="checkbox"/> Intensive Supervision |
| <input type="checkbox"/> Intermediate Punishment Program | <input type="checkbox"/> Sex Offender Program |
| <input type="checkbox"/> Mental Health Protocol | <input type="checkbox"/> EHC for _____ days/mos |
| <input type="checkbox"/> CS: _____ hours w/in _____ mos/years | <input type="checkbox"/> Domestic Violence Program |
| <input type="checkbox"/> Guardian Interlock | <input type="checkbox"/> Chronic Substance Abuse Program |

You shall undergo an evaluation at a Base Service Unit if directed by your Probation/Parole Officer. You shall cooperate with any treatment, medication, housing or case management recommendations made by the Base Service Unit. You shall pay the costs associated with medication, treatment and housing.

You shall request that prescription medication be non-narcotic.

Other _____

Grievance Procedure: All offender grievances must be submitted in writing to: Director of Adult Probation and Parole, 201 W. MARKET STREET SUITE 2100, PO BOX 2746 ,WEST CHESTER, PA 19380-0989

A staff person not directly involved with your case will review the grievance and will provide a written response to the grievant within ten business days of receipt.

SUPERVISION FEE

A waiver or deferral of the Supervision Fee may be granted by the Court if you are:

1. 62 years of age or older with Social Security as your only source of income.
2. A recipient of any form of public assistance including supplemental security income.
3. Incarcerated; or
4. Below an established income threshold (your assigned Officer has specific information on income threshold guidelines).

If you think you meet one of the above criteria and request consideration for a waiver or deferral of the fee, you must: 1) gather documentation such as a Medicare/Medicaid Card, an earnings statement, income tax return, a student identification card, etc. and, 2) show this documentation to your assigned Probation Officer at your next contact. The Supervision Fee will continue to accrue until and unless an Order is signed by the Court waiving the fee.

AGREEMENT BY PROBATIONER/PAROLEE

I have read, or have had read to me the foregoing conditions of my Probation/Parole. I fully understand them and agree to abide by and strictly follow them, and I fully understand the penalties involved should I violate them in any manner.

Signature of Officer

PO #

Signature of Defendant

Date

Term Number(s)

Assigned Probation Officer

PO#