

**Vermont Department of Corrections
Conditions of Supervision**

Offender Name: DOB PO Name:

Legal Status: Furlough Supervised Community Sentence Home Detention

Standard Conditions

The following are applicable to all offenders:

- A. I will not be cited, or charged, or commit any act punishable by law, including city and municipal codes.
- B. I will immediately report (within 24 hours) any contact I have with law enforcement to my assigned Probation Officer or designee.
- C. I will not engage in threatening, violent or assaultive behavior.
- D. I will report to my assigned Probation Officer or designee as directed.
- E. I will allow my assigned Probation Officer or designee to visit me in my home or place of employment or elsewhere at any time.
- F. I will not purchase, possess or consume alcoholic beverages.
- G. I will not purchase, possess, or consume regulated drugs without a prescription from a licensed physician or health care professional. If I am placed on a prescription drug, I will supply the name of the drug and the physician's name to my assigned Probation Officer or designee within 24 hours. I will sign and execute any release deemed necessary so my assigned Probation Officer or designee can verify the source and purpose of any medically prescribed drug. I will not abuse any drug prescription.
- H. I will abstain from the voluntary ingestion or inhalation of any substance with the intent to cause intoxication and which was not manufactured or produced for human consumption. I will not purchase possess or consume any type of designer drug which includes, but not is not limited to: Bath Salts, Spice, K2.
- I. I will submit to a drug screen or alcohol test as directed by my assigned Probation Officer or designee.
- J. I will reside at my approved residence as directed by my assigned Probation Officer or designee.
- K. I will work as directed by my assigned Probation Officer or designee.
- L. I will participate as directed in community service work, work crew, or structured work search as directed by my assigned Probation Officer or designee.
- M. I will submit my person, place of residence, vehicle, or property to a search at any time of the day or night by my assigned Probation Officer or designee.
- N. I will not possess weapons or firearms.
- O. I will not drive a motor vehicle of any type unless approved by my assigned Probation Officer or designee.
- P. I will not leave the State of Vermont without permission of my assigned Probation Officer or designee.
- Q. I will abide by all facility rules should I be incarcerated.
- R. I will fulfill all financial obligations required of me including, but not limited to, rent, program fees, fines, and supervision fees as required.
- S. I will attend all activities/programs/treatment as directed by my assigned Probation Officer or designee and participate to the full satisfaction of my assigned Probation Officer or designee.
- T. I will sign any releases or other documents necessary so that my assigned Probation Officer or designee can discuss my progress in all of my Department of Corrections' required programs, including, but not limited to, drug/alcohol treatment, sex offender treatment and mental health counseling.

- U. I will follow the provisions of my case plan.
- V. I will sign a new or modified Conditions of Supervision as directed by my assigned Probation Officer or designee.
- W. I will participate in electronic monitoring as directed by my assigned Probation Officer or designee.
- X. I will not tamper with any electronic monitoring equipment, and will be financially responsible if loss or damage occurs.
- Y. I will abide by any Temporary/Final Relief from Abuse Orders and any other Family Court orders.
- Z. I will abide by any curfew imposed by my assigned Probation Officer or designee. My curfew is: _____.

Special Conditions

The following special conditions may be applied on a case-by-case basis and must be based on the level of risk in the individual case. Each condition being imposed must be tied to an offender risk-related issue. Check the box of the risk related conditions being imposed.

I will submit and follow a detailed written schedule of my activities as directed by my assigned Probation Officer or designee.

I will not associate with any person identified by my Probation Officer as being detrimental to my supervision, which may include persons having a criminal record, others on supervision, and victims or witnesses of my crime or crimes. This includes: _____.

I will not abuse or harass my victim(s), or cause my victim(s) to be abused or harassed. This includes: _____.

I will not have contact with my victim(s) (including letters, e-mails, text messages, instant messages, phone calls, tapes, videos, visits, or any form of contact through a third party) or cause my victim(s) to be contacted. This includes: _____.

I will not have contact with my child(ren). This includes: _____.

Sex Offender Conditions (attached)

Other:

Other:

Offender's Signature

Date

VT DOC Staff Signature

Date

Sex Offense Specific

I will successfully enroll, participate in, and complete a program/treatment for sex offenders as directed by my Probation Officer or designee and as approved by the Department of Corrections, and assume the costs of my treatment.

I will not purchase, possess, or use pornography or erotica. I will not go to adult book stores, sex shops, topless bars, etc.

I will not access or loiter in places where children congregate; i.e., parks, playgrounds, schools, etc., unless otherwise approved in advance by my Probation Officer or designee.

I will not allow any female passengers to ride in my vehicle, unless otherwise approved in advance by my Probation Officer or designee.

I will not own, possess or use a camera, recorder, cell phone, or other electronic device that has recording capabilities, without prior permission of my Probation Officer or designee.

I will give my Probation Officer or designee search and seizure privileges to search of my persons and/or property without a warrant and confiscate drugs, pornography, erotica, digital media, computer, cellular telephone, iPad, electronic notebook, etc. or any other item which may constitute a violation of my conditions.

I will submit to, and pay for, periodic polygraph examinations at the direction of my Probation Officer or designee. These polygraph examinations will be used to determine my compliance with supervision and treatment requirements.

I will not own or possess a computer at my residence, and I will not access the internet at my place of employment or anywhere else unless approved, in advance, by my Probation Officer or designee. I will allow my Probation Officer or designee to monitor my computer/internet usage, to include through the use of specific software for monitoring sex offenders. I will also pay for any charges associated with this.

I may be required to have an approved chaperone for supervised visits with minors. If so, my chaperone will be required to undergo any training required by DOC.

I will not initiate or maintain contact with **male** or **female** or **male and female (check just one box)** persons under the age of **16** or **18**, unless otherwise approved in advance and in writing by my Probation Officer or designee. Said contact may require being accompanied by a responsible adult, approved by my Probation Officer or designee. Contact includes any communications through electronic media including, but not limited to, internet contact, texting, tweeting, communications via Facebook, etc.

I will not work or volunteer for any business or organization that primarily provides services to persons under the age of **16** or **18** years (**check just one box**), unless otherwise approved in advance by my Probation Officer or designee.

I will inform all persons with whom I have a significant relationship or close affiliation of my sex offending history. My Probation Officer will determine who shall be informed.

Offender's Signature

Date

NOTICE

1. While I am on Furlough, Pre-Approved Furlough (PAF), Reintegration Furlough (RF), Conditional Re-entry (CR), Medical Furlough (MF), or Treatment Furlough (TF) status I am subject to being charged with the crime of escape in accordance with Title 13, chapter 35, Section 1501 if:
 - a. I am attempting to elude or evade supervision, or
 - b. I leave the state without permission, or
 - c. I visit other than a specified place, or
 - d. I am absent from a specified place.

2. Should I violate this agreement by traveling to any jurisdiction in or outside the U.S., where I may be found, I hereby waive extradition to the state of Vermont. I will not contest any effort by any jurisdiction to return me to the State of Vermont. I may also be subject to repayment of the cost of extradition for my return.

3. Should I be incarcerated for a period of time, I understand that a conviction of a Disciplinary Report (DR) while incarcerated may extend my period of incarceration.

My signature below is indication that I have had these conditions read and explained to me and I understand them. I also understand that my release on furlough is a privilege, and that if I violate this agreement I will be subject to graduated sanctions and/or furlough revocation that possibly could have me serve the entire remainder of my sentence incarcerated. I further acknowledge the waiver of extradition, and with my signature acknowledge that I will not contest any effort to return me to Vermont.

Offender's Signature

Date

My signature below is an indication that I have read and explained to the offender the notice regarding escape and the waiver of extradition.

VT DOC Staff Signature

Date