

Parole Special Conditions

| <u>Title</u> | <u>Agreement Type</u> | <u>Description</u> |
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| ALCOHOL | Probation/Parole | Do not consume or possess alcoholic beverages or frequent places where alcohol is chief item of sale. |
| ANTI-ALCOHOL DRUG | Probation/Parole | Take an anti-alcohol drug if prescribed by a physician. |
| CCC MIO PROGRAM | Parole | Successfully complete the CCC MIO Program with outpatient follow-up. |
| CCC PROGRAM | Parole | Successfully complete a CCC Program. |
| CCC SEX OFFENDER PRG | Parole | Successfully complete a CCC Sex Offender Program. |
| CCC STABILIZATION | Parole | Enter CCC until stabilized. |
| CCC WORK PROGRAM | Parole | SUCCESSFULLY PARTICIPATE IN THE CCC WORK PROGRAM UNTIL [DATE] AND COMPLY WITH THE CCC WORK PROGRAM CONTRACT. |
| CLASS | Probation/Parole | Complete [WHAT CLASS] class(es) as directed. |
| COMMUNITY BOARD | Probation/Parole | Participate in and be monitored by the Community Review/Accountability Board, and comply with their recommendations as approved by the Court or Board of Pardons and Parole. |
| COMMUNITY SERVICE | Probation/Parole | Complete [#] hours of community service as directed. |

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| CURFEW | Probation/Parole | Abide by a curfew as directed. |
| DORA | Probation/Parole | Complete substance abuse treatment and aftercare through DORA Program, as directed. |
| DRUG BOARD | Parole | Successfully complete the Drug Board Program. |
| EDUCATION/VOCATIONAL | Probation/Parole | Successfully complete educational and/or vocational training or other training as directed. |
| EXTRADITION | Probation/Parole | Pay extradition costs of \$[AMOUNT]. |
| FINANCIAL COUNSELING | Probation/Parole | Attend and complete a financial counseling program as directed. |
| FINANCIAL RECORDS | Probation/Parole | Make all financial records available to AP&P upon request. |
| GED/DIPLOMA | Probation/Parole | Obtain a GED or high school diploma. |
| GPS MONITORING | Probation/Parole | Successfully complete GPS Monitoring program as directed. |
| HALFWAY BACK PROGRAM | Parole | Successfully complete the Halfway Back Program. |
| HALFWAY OUT PROGRAM | Parole | Successfully complete the Halfway Out Program at [LOCATION]. |
| HOME CONFINEMENT W/ EM | Probation/Parole | Successfully complete Home Confinement with Electronic Monitoring for [HOW LONG]. |
| HOME CONFINEMENT W/O EM | Probation/Parole | Successfully complete Home Confinement for [HOW LONG]. |

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| INTENSIVE OUTPAT SA | Probation/Parole | Successfully complete Intensive Outpatient Substance Abuse treatment, as directed. |
| INTERLOCK IGNITION | Probation/Parole | Not drive a vehicle without an interlocking ignition device installed. |
| INTERSTATE COMPACT | Probation/Parole | Execute and adhere to the terms of the Interstate Compact Waiver and Agreement if probation or parole is served outside the state of Utah. Abide by all terms and conditions ordered by the state of [COMPACT STATE]. |
| JAIL | Probation/Parole | Serve [HOW LONG] in the [NAME OF JAIL] commencing [DATE]. |
| LIFE SKILLS | Probation/Parole | Complete Life Skills classes as directed. |
| MENTAL HEALTH EVAL | Probation/Parole | Complete a Mental Health Evaluation and recommended treatment. |
| MENTAL HEALTH RX | Probation/Parole | Successfully complete Mental Health Therapy. |
| NO CHECKING | Probation/Parole | Have no checking, draft or credit accounts. |
| NO CONTACT | Probation/Parole | Have no contact with [NAME]. |
| NO CONTACT/CHILDREN | Probation/Parole | Have no verbal, written or direct contact with the victim(s) or any children under the age of [AGE] until approved by a therapist and Adult Probation and Parole. When approved, all contact will be supervised by an adult who knows about |

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| | | the offense and is approved by Adult Probation and Parole and the therapist. |
| NO FIDUCIARY EMPLOYM | Probation/Parole | Not be employed in a fiduciary position. |
| NO SELF-EMPLOYMENT | Probation/Parole | Not be self-employed. |
| NOT DRIVE W/O LICENS | Probation/Parole | Not drive without a valid driver license. |
| NOT REMAIN IN USA | Probation/Parole | Not remain in or enter the United States illegally. |
| NOT RESIDE RESERVATN | Probation/Parole | Not reside on a Native American Indian Reservation without prior approval of Adult Probation and Parole. |
| NOTIFY AP&P MEDS | Probation/Parole | Notify Adult Probation and Parole of all prescriptions. |
| NOTIFY MD/DDS DRUGS | Probation/Parole | Notify physician and/or dentist of drug abuse history. |
| OFFENDER ID CARD | Probation/Parole | Carry the Adult Probation and Parole offender ID card on my person at all times, and present it to any law enforcement officer when contacted. |
| OTHER | Probation/Parole | [MODIFY CONDITION TITLE AND FILL IN ADDITIONAL SPECIAL CONDITION.] |
| OUTPT SO TREATMENT | Probation/Parole | Successfully complete Outpatient Sex Offender Therapy as directed. |
| PAY FINE | Parole | Pay fine of \$[AMOUNT] in reference to Case #[CASE NUMBER]. |
| PAY RESTITUTION | Parole | Pay restitution of \$[AMOUNT] in reference to Case #[CASE |

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| | | NUMBER]. |
| PRESCRIBED MEDS | Probation/Parole | Take medications if prescribed. |
| PROGRAM/TREATMENT | Probation/Parole | Enter, participate in, complete [PROGRAM NAME] program, counseling or treatment as directed. |
| RECOUPMENT | Probation/Parole | Pay (LDA) recoupment fee of \$[AMOUNT]. |
| REMIT (NOT PAY) FINE | Parole | Remit (not pay) fine of \$[AMOUNT] in reference to case #[CASE NUMBER]. |
| REPORT UPON RETURN | Parole | Report to Utah Adult Probation and Parole within [HOW MANY] hours of return to the United States. |
| RESIDENTIAL TX | Probation/Parole | Successfully complete the [PROGRAM NAME] Residential Treatment program as directed. |
| SECURITY FEE | Probation/Parole | Pay \$[AMOUNT] Court Security Fee in reference to Case #[CASE NUMBER]. |
| SERVICE FEES | Probation/Parole | Pay service fees of \$[AMOUNT]. |
| SHOCK PROGRAM | Parole | Successfully complete the SHOCK Program. |
| SUBSTANCE ABUSE EVAL | Probation/Parole | Complete a Substance Abuse Evaluation and recommended treatment. |
| SUBSTANCE ABUSE RX | Probation/Parole | Successfully complete Substance Abuse Therapy. |
| SYNTH CANNABINOIDS | Probation/Parole | Do not consume or possess synthetic cannabinoids. |
| TEAM | Probation/Parole | Successfully complete the |

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| | | TEAM Program as directed. |
| TRANSITION SERVICES | Parole | Cooperate with transitional services as directed. |
| TX/RESOURCE CENTER | Probation/Parole | Complete all programming as directed at the [NAME OF TRC] Treatment and Resource Center. |
| VOA DETOX PROGRAM | Probation/Parole | Successfully complete the Volunteers of America Detoxification Program as directed. |
| WRITING ASSIGNMENT | Probation/Parole | Complete any writing assignment ordered by the court or as directed by AP&P. |