

## **General Special Conditions:**

**CCC MHSS PROGRAM:** I will successfully complete the CCC MHSS Program with outpatient follow up, which may include GPS monitoring.

**CCC PROGRAM:** I will successfully complete a CCC Program, which may include GPS monitoring.

**CCC STABILIZATION:** I will enter a CCC until stabilized as directed by AP&P, which may include GPS monitoring.

**CCC SEX OFFENDER PROGRAM:** I will successfully complete a CCC Sex Offender Program, which may include GPS monitoring.

**CCC WORK PROGRAM:** I will successfully participate in the CCC Work Program until [date] and comply with the CCC Work Program Contract.

**EDUCATION/VOCATIONAL:** I will successfully complete educational and/or vocational training or other training if I do not have full-time employment or directed by AP&P.

**PROGRAM/TREATMENT:** I will enter, participate in, and complete [program name] as directed by AP&P.

**PROGRAM/CBT:** I will complete Cognitive Behavioral Therapy (CBT), as directed by AP&P.

**MENTAL HEALTH EVALUATION:** I will complete a mental health evaluation and recommended treatment.

**NOTIFY AP&P OF MEDICATIONS:** I will notify AP&P of all prescriptions.

**PRESCRIPTION MEDICATION:** I will take all medications and follow any treatment regimen I am prescribed.

**ALCOHOL:** I will not use, possess, consume, or have access to alcohol.

**DUI:** I will not operate a motor vehicle without an installed ignition interlock device or other alcohol monitoring device as directed by AP&P.

**GPS MONITORING:** I will successfully complete a GPS monitoring program as directed by AP&P.

**EXTRADITION:** I will pay extradition costs of \$[amount].

**PAY RESTITUTION:** I will pay restitution of \$[amount] to [payee] in reference to Case #[case number].

**NO CONTACT/CHILDREN:** I will not have verbal, written, or direct contact with the victim(s) or any children under the age of [age] until approved by a therapist and AP&P. When approved, all contact will be supervised by an adult who knows about the offense and is approved by AP&P and the therapist.

**NOT RESIDE ON RESERVATION:** I will not reside on a Native American Indian reservation or in Indian Country without prior approval of AP&P.

**SPECIAL CONTACT CONDITIONS:** I will not have contact with any victim or co-defendant of my current commitment or supervised offenses, without prior approval of AP&P. [fill in special condition]

**OTHER:** [modify condition title and fill in additional special condition].: [modify condition title and fill in additional special condition].

**PV PROGRAM PHASE I:** I will participate in the Parole Violator Program - Phase I - at the [facility name] (not to exceed [# of days] days) as directed by AP&P beginning on [date].

**PV PROGRAM PHASE II:** I will participate in the Parole Violator Program - Phase I - at the [center name] Center not to exceed [#days} days which may include GPS monitoring, and participate in programming as directed by AP&P beginning on [date].

**PROFITING FROM CRIME:** I understand that I can not make money or gain other benefits by sharing the details of my crime.