

Probation Special Conditions

Condition Title	Condition Description
ANTI-ALCOHOL DRUG	I will take an anti-alcohol drug if prescribed by a physician.
CCC PROGRAM	I will enter and complete any programming as directed in the [NAME OF CCC] Community Corrections Center.
CCC SEX OFFENDER PROGRAM	I will successfully complete a CCC Sex Offender 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 WORK PROGRAM	I will successfully participate in the CCC Work Program until [date] and comply with the CCC Work Program Contract.
CLASS	I will complete [WHAT CLASS] class(es) as directed.
COMMUNITY BOARD	I will 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	I will complete [#] hours of community service as directed.
CURFEW	I will abide by a curfew as directed.
EDUCATION/VOCATIONAL	I will successfully complete educational and/or vocational training or other training as directed.
EXTRADITION	I will pay extradition costs of \$[AMOUNT].
FINANCIAL COUNSELING	I will attend and complete a financial counseling program as directed.
FINANCIAL RECORDS	I will make all financial records available to AP&P upon request.
GED/DIPLOMA	I will obtain a GED or high school diploma.
GPS MONITORING	I will successfully complete GPS Monitoring program as directed.
HOME CONFINEMENT WITH EM	I will successfully complete Home Confinement with Electronic Monitoring for [HOW LONG].

HOME CONFINEMENT WITHOUT EM	I will successfully complete Home Confinement for [HOW LONG].
INTENSIVE OUTPATIENT SA	I will successfully complete Intensive Outpatient Substance Abuse treatment, as directed.
INTERLOCK IGNITION	I will not drive a vehicle without an interlocking ignition device installed.
INTERSTATE COMPACT	I will execute and adhere to the terms of the Interstate Compact waiver and Agreement if probation or parole is served outside the state of Utah. I will abide by all terms and conditions ordered by the state of [COMPACT STATE].
JAIL	I will serve [HOW LONG] in the [NAME OF JAIL] commencing [DATE].
LIFE SKILLS	I will complete Life Skills classes as directed.
MENTAL HEALTH EVALUATION	I will complete a Mental Health Evaluation and recommended treatment.
MENTAL HEALTH RX:	I will successfully complete Mental Health Therapy.
New Special Condition Title	
NO CHECKING:	I will have no checking, draft or credit accounts.
NO CONTACT:	I will have no contact with [NAME].
NO CONTACT/CHILDREN	I will 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 the offense and is approved by Adult Probation and Parole and the therapist.
NO FIDUCIARY EMPLOYMENT	I will not be employed in a fiduciary position.
NO RESIDE RESERVATION	I will not reside on a Native American Indian Reservation without prior approval of Adult Probation and Parole.
NO SELF-EMPLOYMENT	I will not be self-employed.
NOT DRIVE WITHOUT LICENSE	I will not drive without a valid driver license.

NOT REMAIN IN USA	I will not remain in or enter the United States illegally.
NOTIFY AP&P MEDS	I will notify Adult Probation and Parole of all prescriptions.
NOTIFY MD/DDS DRUGS	I will notify physician and/or dentist of drug abuse history.
OFFENDER ID CARD	I will 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	I will [MODIFY CONDITION TITLE AND FILL IN ADDITIONAL SPECIAL CONDITION.]
OUTPATIENT SO TREATMENT	I will successfully complete Outpatient Sex Offender Therapy as directed.
PRESCRIBED MEDS	I will take all medications and follow any treatment regimen I am prescribed.
PROGRAM/CBT	I will complete Cognitive Behavioral Therapy (CBT), as directed by AP&P.
PROGRAM/TREATMENT	I will enter, participate in, and complete [program name] as directed by AP&P.
RECOUPMENT	I will pay (LDA) recoupment fee of \$[AMOUNT].
RESIDENTIAL TX	I will successfully complete the [PROGRAM NAME] Residential Treatment program as directed.
SECURITY FEE	I will pay \$[AMOUNT] Court Security Fee in reference to Case #[CASE NUMBER].
SERVICE FEES	I will pay service fees of \$[].
SUBSTANCE ABUSE EVALUATION	I will complete a Substance Abuse Evaluation and recommended treatment.