



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
COMMUNITY CORRECTIONS DIVISION
PROBATION AND PAROLE BUREAU

CONDITIONS OF PROBATION AND PAROLE

EXHIBIT 7
DATE Jan 13, 2005
HB 2; Dept. of Corrections

Offender's Initials

Your probation/parole is granted subject to the following conditions, limitations, and restrictions.

- 1. RESIDENCE: I will not change my place of residence without first obtaining permission from my Probation/Parole Officer. My residence must be approved by my Probation/Parole Officer. I will make my home open and available for the Probation/Parole Officer to visit as required per policy. I will not own dangerous/vicious animals such as guard dogs, use perimeter security doors, or refuse to open the door to my residence when requested.
2. TRAVEL: I will not leave my assigned district without first obtaining written permission from my Probation/Parole Officer. My assigned district is: \_\_\_\_\_ counties.
3. EMPLOYMENT AND/OR PROGRAM: I will seek and maintain employment or a program approved by the BOPP or my Probation/Parole Officer. I must obtain permission from my Probation/Parole Officer prior to any change of employment. I will inform my employer of my status on probation or parole.
4. REPORTING: I will personally report to my Probation/Parole Officer as directed. I will submit written monthly reports on forms provided. I will make myself available to my Probation/Parole Officer as requested.
5. WEAPONS: I will not own, possess, or be in control of any firearms or deadly weapons, including black powder, as defined by state or federal law. I will not possess chemical agents such as O.C. spray.
6. FINANCIAL: I will obtain permission from my Probation/Parole Officer before financing or purchasing a vehicle, property, or engaging in business. I will not go into debt without my Probation/Parole Officer's permission. Victim restitution, child support, fines and fees will be my priority financial obligations.
7. SEARCH OF PERSON OR PROPERTY: Upon reasonable suspicion, as ascertained by the Probation & Parole Officer, my person, vehicle, and/or residence may be searched at any time, day or night, without a warrant by a Probation/Parole Officer, ISP Officer or a Law Enforcement Officer (at the direction of the Probation/Parole/ISP Officer). I may also be searched at my place of employment. Any illegal property or contraband will be seized and may be destroyed.
8. LAWS & CONDUCT: I shall comply with all city, county, state, federal laws, ordinances, and conduct myself as a good citizen. I shall report any arrests or contacts with law enforcement to my Probation/Parole Officer within 72 hours. I will at all times be cooperative and truthful in all my communications and dealings with my Probation/Parole Officer.
9. ILLEGAL DRUG USE: I will not possess or use illegal drugs or any drugs unless prescribed by a licensed physician. I will not be in control of or under the influence of illegal drugs, nor will I have in my possession any drug paraphernalia.
10. SUPERVISION FEES: I will pay supervision fees as per 46-23-1031, M.C.A. If convicted of a drug offense and placed on ISP in lieu of imprisonment, I may be ordered to pay not less than \$50 per month per 45-9-202 (2) (d) (ii), M.C.A.

The following indicated SPECIAL CONDITIONS have been ordered by the Board of Pardons & Parole or the Sentencing Court

- 1. [ ] NO ALCOHOL/NO BARS: I will not possess or consume intoxicants/alcohol, nor will I enter any place intoxicants are the chief item of sale. I will submit to breathalyzer testing or bodily fluid testing as requested by my Probation & Parole Officer.
2. [ ] DRUG TESTING: I will submit to alcohol and/or drug testing on a random or regular basis as required by my Probation & Parole Officer.
3. [ ] VICTIM RESTITUTION: I will pay court ordered restitution back to the victim in the amount of \$ \_\_\_\_\_ in a timely fashion. Payments to be made as determined by the Court and/or the Probation & Parole Officer.
4. [ ] FINES/FEES: I will pay all fines and fees as ordered by the court in the amount of \$ \_\_\_\_\_ in monthly payments of \$ \_\_\_\_\_.
5. [ ] COUNSELING/TREATMENT/PROGRAMMING: I will enter, participate on a regular basis and complete:
[ ] Chemical Dependency Counseling [ ] Sexual Offender Counseling [ ] Mental Health Counseling
[ ] Other Programming as ordered by the Court/BOPP and determined appropriate by the Probation/Parole Officer
6. [ ] SEXUAL/VIOLENT OFFENDER (Registration/Notification): I will register per state law and give appropriate notice of any address change. If I am a Sex Offender and depending on my Level of Risk Designation, there will be appropriate address notification to the community. If I have not already done so, I will submit to DNA testing.
7. [ ] CURFEW: I will abide by a curfew as determined necessary and appropriate by my Probation & Parole Officer.
8. [ ] COMMUNITY SERVICE: I will complete \_\_\_\_\_ hours of community service as ordered by the Court or my Probation/Parole Officer.
9. [ ] NO CASINOS/NO GAMBLING: I will not enter any casinos or play any games of chance.
10. [ ] ASSOCIATION: I will not associate with probationers, parolees, prison inmates, or persons in the custody of any law enforcement agency without prior approval from my Probation/Parole Officer. I will not associate with persons as ordered by the court or BOPP.
11. [ ] SPECIAL FINANCIAL: I will not establish a checking or credit account.
12. [ ] DNA TESTING: I will submit to DNA testing as required by law.
[ ] ADDITIONAL CONDITIONS (See attached)

AGREEMENT AND NOTIFICATION OF JAIL SANCTIONS

I have read, or had read to me the foregoing rules and conditions and I will abide by them. Failure to do so may result in revocation. I further understand that failure to do so may result in immediate jail sanctions of up to 30 days at my own expense or revocation of my probation or parole as per 46-23-1012, M.C.A.

WAIVER OF EXTRADITION

I do hereby waive extradition to the State of Montana from any State in the Union, and from any territory or country outside the continental United States, and also agree that I will not contest any effort to return me to the United States or to the State of Montana. I understand that this Probation/Parole is granted to and accepted by me, subject to the conditions, limitations, and restrictions stated herein, and with the knowledge that the Board of Pardons, Sentencing Court, or the Department of Corrections has the power, at any time, in case of violation of the conditions, limitations, and restrictions of Probation or Parole to cause my detention and/or return to prison.

PROBATION/PAROLE OFFICER

(Type/Print Officer Name)

PROBATIONER/PAROLEE

(Type/Print Offender Name)

DATE

DOC IDENTIFICATION NUMBER