

## STANDARD CONDITIONS OF PROBATION

NAME: \_\_\_\_\_

CASE #: \_\_\_\_\_

### **Crime-free Lifestyle:**

1. I will not commit any offense and will report any contact with law enforcement to my probation officer within 72 hours of contact. \_\_\_\_\_
2. I will not harass, molest, intimidate, retaliate against, or tamper with any victims of or any prosecution witnesses to the crime. \_\_\_\_\_
3. I will not act as a confidential informant. \_\_\_\_\_
4. I will not possess or have access to any firearm, explosive or destructive devices, or any other dangerous instrument or weapon. \_\_\_\_\_
5. I will submit to a search of my residence, vehicle or personal effects by probation when there are reasonable grounds to search. I understand my personal property is subject to seizure if it violates any of the terms and conditions of my probation. \_\_\_\_\_
6. I will not use alcohol (to excess)\* or use or possess any illegal, dangerous, or abusable drugs or controlled substances without a prescription, except that the use of medical marijuana is permissible unless such use is prohibited by court order or my conviction is for a violation of Article 43.3 of Title 12, C.R.S. \_\_\_\_\_  
\* strike out as appropriate/determined by assessment
7. I will submit to drug and alcohol testing as directed by probation. I understand I am responsible for the costs of testing unless other arrangements have been made through my probation officer. \_\_\_\_\_

### **Treatment:**

8. I will actively participate in, cooperate with and successfully complete any referral, evaluation, assessment or recommended program. These programs may include, but are not limited to: placement in a residential or outpatient program, counseling or treatment for drugs or alcohol, mental health, domestic violence, cognitive behavioral, offense specific or anger management. I will sign any necessary releases of information and I understand I am responsible for the costs of treatment and services unless other arrangements have been made through my probation officer. \_\_\_\_\_

### **Probation Supervision:**

9. I will report to my probation officer for appointments, as directed by the court or the probation officer. I understand that my probation officer can visit me at reasonable times at home or elsewhere. I will provide probation safe access to my residence. \_\_\_\_\_
10. I will notify my probation officer of changes in my address, phone number, employment, or education status within 72 hours. \_\_\_\_\_
11. I will maintain suitable employment and/or pursue employment, education, or vocational training. \_\_\_\_\_
12. I will comply with any other requirements of my probation officer in order to meet the conditions imposed by the Court, including answering all reasonable questions asked by my probation officer. \_\_\_\_\_
13. I will obtain written permission from the court or my probation officer before leaving Colorado. \_\_\_\_\_
14. If convicted of a felony, I will sign a waiver of extradition agreeing to waive all formal proceedings and return to Colorado in the event I am arrested in another state. \_\_\_\_\_
15. I will submit to and pay for a genetic marker (DNA) sample as required in §16-11-102.4 C.R.S. \_\_\_\_\_
16. I will register as a sex offender if convicted of an offense involving sexual behavior, as required in §16.22.101, et seq. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Probation Officer: \_\_\_\_\_ Date: \_\_\_\_\_