**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DOCKET # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LYCOMING COUNTY**

**ADULT PROBATION**

**(570)327-2385**

Welcome to the Lycoming County Adult Probation Office. Unless you are told otherwise, **your supervision begins today**. You will be instructed to return to this office to be processed at a later date. Below is a list of general conditions that you must abide by **starting today**. These conditions will be explained to you in detail at your processing appointment, along with any special conditions imposed by the Court or the Probation Office. Failure to abide by these conditions may result in violation proceedings.

1. Report regularly, in person, in writing, or by phone as instructed by your Probation Officer and abide by any verbal or written instructions of your Probation Officer.
2. I will obtain the consent of my Probation Officer before changing my approved place of residence and before leaving my home for longer than 72 hours. I understand that I may be required, at any time, to undergo a warrantless search, with reasonable suspicion, of my person, car or residence by my Probation Officer.
3. I will comply with all Municipal, State and Federal Criminal laws, as well as the provisions of the Vehicle Code and Liquor Code. I will notify my Probation Officer of any arrests or investigations by law enforcement agencies within 72 hours.
4. I will make every effort to obtain and maintain employment and support my dependents. I will obtain permission prior to changing my employment. If I lose my employment, I will immediately notify my Probation Officer and cooperate with any effort they make to obtain employment for me.
5. I will not leave Pennsylvania without permission of my Probation Officer. I understand that permission is granted only for employment purposes or family emergencies and a travel pass must be obtained from my Probation Officer. I hereby waive extradition to the Commonwealth of Pennsylvania from any jurisdiction in or outside the United States where I may be found.
6. I understand that failure to pay fines or restitution as directed is a violation of my supervision. Payment in full is expected on all fines, court costs, or restitution assessed to my account. I understand that if I have prepaid my supervision fees and filed a motion for early termination of supervision. **NO REFUNDS WILL BE GRANTED**.
7. **I will abstain from the use of alcohol. I will not possess or consume any illegal drugs or mind altering substances**.
8. I may not possess firearms or other deadly weapons.
9. I will refrain from any assaultive behavior, which threatens or presents a clear and present danger to self and to others.
10. I will comply with any special conditions imposed by the Court or my Probation Officer.
11. I will not return to Lycoming County to live, work, or visit without the express permission of both Lycoming County and the Supervising County.
12. Because marijuana, recreational or medical, is illegal under federal law you are prohibited from using it in any form or by any method (smoking, eating, drinking, applying topically, or otherwise). This prohibition is in place regardless of whether you have a prescription for medical marijuana.

I have read the above conditions and agree to abide by them until the expiration of my sentence. I agree to return to the Lycoming County Adult Probation Office to be processed as scheduled. I understand that my failure to report will result in a bench warrant being issued for my apprehension and arrest.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature & Date Email Address**