

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
UNIFORM CONDITIONS OF SUPERVISED PROBATION**

STATE OF ARIZONA

COUNTY/DIVISION: _____

v. _____

CR: _____

§13-901.01 Offense: ☐ 1st ☐ 2nd ☐ Ineligible

OFFENSE(S): _____

The Court is suspending imposition/execution of sentence and, under the supervision of the Adult Probation Department (APD),

- ☐ **PLACING** the defendant on probation for a period of _____ ☐ year(s) ☐ month(s) ☐ days ☐ lifetime
☐ to begin _____/_____/_____
☐ upon absolute discharge from prison for a separate offense or
☐ upon release from prison for felony DUI (____ months; ____ days credit for time served)
- ☐ **REINSTATING** the defendant on probation for a period of _____ ☐ year(s) ☐ month(s) ☐ days ☐ lifetime
☐ to begin _____/_____/_____ with a revised expiration date of _____/_____/_____
- ☐ **REQUIRING** the defendant be incarcerated in the county jail for _____ days, with credit for _____ days
☐ to begin _____/_____/_____ (____ am/pm) ☐ not released until _____/_____/_____ (____ am/pm)
☐ early release upon _____ ☐ eligible for work release
☐ as an intermediate sanction implemented by the APD in consecutive or nonconsecutive intervals as approved by the court

and **ORDERING** the defendant to pay assessments listed in the attached Financial Order and Judgment and abide by the following **CONDITIONS OF PROBATION:**

1. I will obey all criminal laws.
2. I will comply with the APD written regulations to help me establish a law-abiding lifestyle.
3. I will report to my probation officer as directed by the APD, and within 72 hours of any of the following: a.) any contact with law enforcement; and b.) sentencing or release from incarceration or residential treatment.
4. I will actively participate in treatment and other programs of assistance and will sign a release or consent document to allow the APD to exchange information related to my progress.
5. I will provide my current address to the APD, reside at the location approved by the APD, and provide the APD safe, unrestricted access to my place of residence.
6. I will request and obtain APD approval before leaving the state.
7. I will submit to drug and alcohol testing as directed by the APD.
8. I will not possess weapons, including firearms and ammunition, nor use anything to threaten or cause bodily harm or property damage.
9. I will allow the search and seizure of my person and property by the APD without a search warrant.

SPECIAL CONDITIONS:

10. ☐ I will not have any contact with the victim(s) in any form, unless approved in writing by the APD.
11. ☐ I will prioritize payment of restitution to the victim(s) prior to making discretionary expenditures.
12. ☐ I will complete a total of _____ hours of community restitution as implemented by the APD.
13. ☐ I will self-report to the county jail as required above.
14. ☐ I will not consume or possess alcoholic beverages.

15. ☐ I will comply with the following requirement(s) of the Court or attached Special Conditions:

<input type="checkbox"/> Intensive Probation	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> Gang	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Drug/DUI Court	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Veterans Court	<input type="checkbox"/> _____

Based upon the defendant's agreement to abide by the Conditions of Supervised Probation set forth, above, as well as my review and approval of such conditions, I hereby impose and order that these conditions are in effect.

Judge of the Superior Court

Date

RECEIPT AND ACKNOWLEDGMENT: I acknowledge receipt of the conditions of probation and any attachments added. I understand that by not abiding by the conditions of probation my probation could be revoked and the Court may sentence me in accordance with the law. In addition, I waive extradition for any probation revocation proceedings in this matter.

Defendant Signature	Date	Phone	Email
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Defendant's Address	Apt.	City	State	Zip
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