

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

BY: _____
DEPUTY CLERK

STATE OF ARIZONA

COUNTY/DIVISION: _____ / _____

VS.

CR: _____

§13-901.01 Offense: 1st 2nd Ineligible

PID#: _____

OFFENSE(S): _____

The Court is suspending imposition or 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 ____/____/____ or

upon absolute discharge from prison for a separate offense or

upon release from prison for felony DUI (____ months; ____ days credit for time served)

upon release from prison pursuant to A.R.S. § 13-603(K)

REINSTATING the defendant on probation for a period of _____ year(s) month(s) days lifetime

to begin ____/____/____ with a revised expiration date of ____/____/____.

I AGREE TO THE FOLLOWING AS CONDITIONS OF THE SUSPENSION OF IMPOSITION OR EXECUTION OF SENTENCE: (Conditions Checked Also Apply)

LAW ABIDING BEHAVIOR

1. I will maintain a crime-free lifestyle by obeying all laws, and not engaging or participating in any criminal activity.
2. I will not possess or control any stun guns, tasers, firearms, ammunition, deadly or prohibited weapons as defined in A.R.S. § 13-3101.
3. I will report any contact I have with law enforcement to the APD within 72 (or ____) hours.
4. I will submit to search and seizure of person and property by the APD without a search warrant.
5. If deported or processed through voluntary departure, I will not return to the United States without legal authorization during the term of my probation. If I am deported or processed through voluntary departure, all conditions remain in effect except for _____.

REPORTING TO APD

6. I will report to the APD within 72 (or ____) hours of sentencing, absolute discharge from prison, release from incarceration, or residential treatment and continue to report as directed. I will also keep APD advised of progress toward case plan goals and comply with any written directive of the APD to enforce compliance with the conditions of probation. I will provide a sample for DNA testing if required by law.

RESIDENCE

7. I will provide the APD safe, unrestricted access to my residence and receive prior approval of the APD before changing my residence. I will reside in a residence approved by the APD.
8. I will request and obtain written permission of the APD prior to leaving the state (county).
9. I may apply for Interstate Compact supervision in the state of _____ and will not proceed to that state until reporting instructions are received and the APD issues a written travel permit.
10. I may apply for an Inter-County transfer and will not proceed to that County until APD issues written authorization.

TREATMENT/BEHAVIOR CHANGE/PRO-SOCIAL ACTIVITIES

11. I will actively participate and cooperate in any program of counseling or assistance as determined by APD, or as required by law, given assessment results and/or my behavior. I will sign any release or consent required by the APD so the APD can exchange information in relation to my treatment, behavior and activities.
12. I will not possess or use illegal drugs or controlled substances and will submit to drug and alcohol testing as directed by the APD.
13. I will obtain written approval of the APD prior to associating with anyone I know who has a criminal record. I will not knowingly associate with any person engaged in criminal behaviors.

UNIFORM CONDITIONS OF SUPERVISED PROBATION

STATE OF ARIZONA

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- 14. I will seek, obtain, and maintain employment, if legally permitted to do so, and/or attend school. I will inform APD of any changes within 72 hours.
- 15. I will be financially responsible by paying all restitution, fines, and fees in my case as imposed by the Court. I understand, if I do not pay restitution in full, the Court may extend my probation.
- 16. I will not consume or possess any substances containing alcohol.

SPECIAL REQUIREMENTS

- 17. I will complete a total of _____ hours of community restitution. I will complete a set number of hours per month as directed in writing by my probation officer. I will complete these hours at a site approved by the APD.
- 18. I will serve _____ days month(s), in the county jail beginning ____/____/____ with credit for _____ days served, not to be released until ____/____/____. I will report to the APD within 72 (or _____) hours of my release from jail. I will comply with all program rules. Be screened for or shall participate in Work Furlough, if eligible or Work Release, if eligible
- 19. I will not have any contact with the victim(s) in any form, unless approved in writing by the APD.
- 20. I will comply with the following sanctions based on my behavior:
 - Up to _____ community restitution hours (in addition to any ordered under condition #17), as directed by the APD.
 - Up to _____ days in the county jail (in addition to any ordered under condition #18), at the discretion of the Court, upon recommendation from the APD.
- 21. I will abide by the attached special conditions of probation:

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

22. _____

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

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 **Date**

Defendant's Address **Apt.** **City** **State** **Zip** **Phone**

DISTRIBUTION: Original – Court File Yellow – Adult Probation Office Pink – Defendant Revised 12/21/2018