

## Idaho Department of Correction Agreement of Supervision

1. \_\_\_\_ **Laws and Conduct:** I will obey all municipal, county, state and federal laws. I will cooperate with the requests of my probation/parole officer. Cooperation includes being truthful. If I am detained by law enforcement, I will tell the officer(s) that I am on felony supervision, and the name of my probation/parole officer. I will notify my probation/parole officer of any such contact within 24 hours.
2. \_\_\_\_ **Reporting:** I shall report as directed by my probation/parole officer.
3. \_\_\_\_ **Residence:** I will reside in a location approved by my probation/parole officer. I will not change my approved place of residence without first obtaining permission from my probation/parole officer.
4. \_\_\_\_ **Firearms and Weapons:** I will not purchase, carry, possess, or have control of any firearms, chemical weapons, electronic weapons, explosives, or other weapons. Any weapons or firearms seized may be forfeited to the Idaho Department of Correction for disposal. I will not reside at any location where firearms are present.
5. \_\_\_\_ **Search:** I consent to the search of my person, residence, vehicle, personal property, and other real property or structures owned or leased for which I am the controlling authority conducted by any agent of the Idaho Department of Correction (IDOC) or law enforcement officer. I hereby waive my Fourth Amendment Rights concerning searches.
6. \_\_\_\_ **Employment:** I shall seek and maintain employment, or a program approved by my probation/parole officer, and shall not change employment or program without first obtaining permission from my supervision officer.
7. \_\_\_\_ **Associations:** I will not knowingly be in the presence of or communicate with person(s) prohibited by any Idaho Department of Correction agent.
8. \_\_\_\_ **Travel:** I shall not leave the State of Idaho or the assigned district without first obtaining permission from my probation/parole officer.
9. \_\_\_\_ **Alcohol:** I will not purchase, possess, or consume alcoholic beverages in any form and will not enter any establishment where alcohol is a primary source of income, unless otherwise ordered by the Court/Commission.
10. \_\_\_\_ **Controlled Substances:** I shall not possess any controlled substance unless lawfully prescribed by a licensed physician. Nor shall I use or possess any substance my probation/parole officer forbids me from using or possessing. I shall use prescription medications as prescribed.

11. \_\_\_\_\_ **Substance Abuse Testing:** I will submit to any test for alcohol or controlled substances as requested and directed by any Idaho Department of Correction agent or other law enforcement officer. I understand and agree that I may be required to obtain tests at my own expense. I understand that if the results of any test indicate the sample is abnormally diluted or that any adulterant interfering with test results has been used, or a refusal to provide a sample will be considered positive for illicit substance. I hereby waive any objection to the admission of those blood, urine, or breath test results presented in the form of a certified affidavit.

12. \_\_\_\_\_ **Evaluation and Program Plan:** I will obtain any treatment evaluation deemed necessary as ordered by the Court/Commission or requested by any agent of IDOC. I will meaningfully participate in and successfully complete any treatment, counseling or other programs deemed beneficial as directed by the Court/Commission or any agent of the IDOC. I may be required to attend treatment, counseling or other programs my own expense.

13. \_\_\_\_\_ **Absconding Supervision:** I will not leave or attempt to leave the state or the assigned district in an effort to abscond or flee supervision. I shall be available for supervision as instructed by my probation/parole officer and will not actively avoid supervision.

14. \_\_\_\_\_ **Intrastate/Interstate Violations:** I hereby waive any objection to the admission into evidence of any probation/parole violation allegation documents submitted by the agency or my supervising officer in another district or state at any probation/parole violation hearing.

15. \_\_\_\_\_ **Extradition:** I hereby waive extradition to the State of Idaho and will not contest any effort to return to the State of Idaho. I will pay for the cost of extradition as ordered by the court/Commission.

16. \_\_\_\_\_ **Court Ordered Financial Obligations:** I will pay all costs, fees, fines and restitution in the amount ordered by the court/Commission, in the manner designated by my Probation/Parole Officer.

17. \_\_\_\_\_ **Cost of Supervision:** I will comply with Idaho Code 20-225 which authorizes the IDOC to collect a cost of supervision fee. I will pay supervision fees as directed by the department.

18. \_\_\_\_\_ **Idaho Response Matrix:** I have read, or have read to me the IDOC Idaho Response Matrix. I understand and accept the provision set forth in the IRM and agree to accept and/or comply with any reward or sanction assigned by my supervising officer or agent of the IDOC.

\_\_\_\_\_ I have read, or have had read to me, the above agreement. I understand and accept these conditions of supervision. I agree to abide by and conform to them and understand that my failure to do so may result in the submission of a report of violation to my sentencing/paroling authority.

\_\_\_\_\_  
Defendant Signature

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Witness Signature

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Date

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Witness Name (printed)

Reviewed

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Defendant Signature

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Witness Signature

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Date

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Witness Name (printed)

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Defendant Signature

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Witness Signature

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