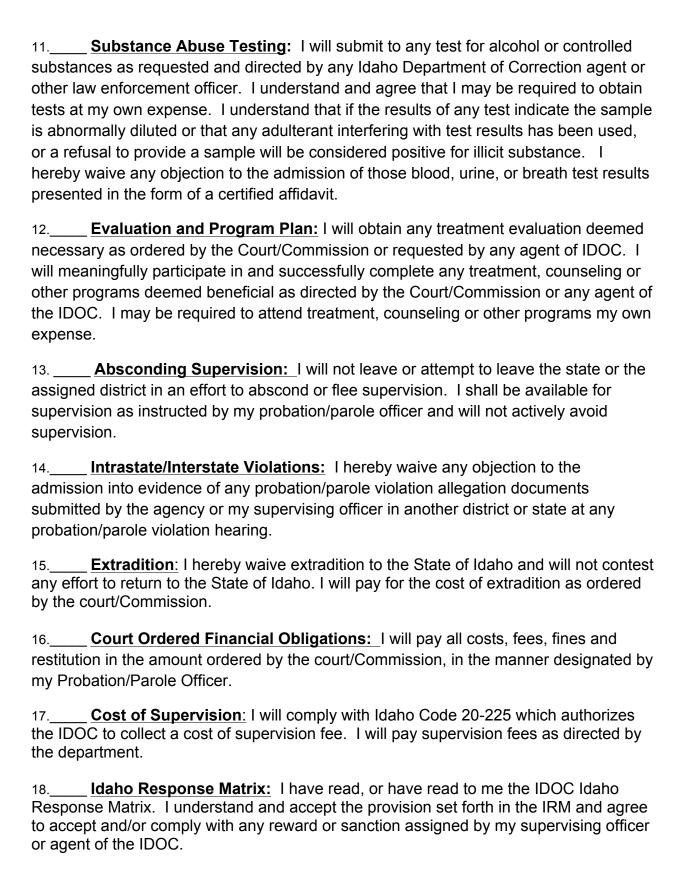
Idaho Department of Correction Agreement of Supervision

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. <u>Reporting:</u> I shall report as directed by my probation/parole officer.
3. <u>Residence:</u> 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. <u>Employment</u> : 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 <u>Associations:</u> I will not knowingly be in the presence of or communicate with person(s) prohibited by any Idaho Department of Correction agent.
8 <u>Travel:</u> I shall not leave the State of Idaho or the assigned district without first obtaining permission from my probation/parole officer.
9Alcohol: 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.
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.



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	- Witness Signature	
Date	Witness Name (printed)	
Reviewed		
Defendant Signature	Witness Signature	
Date	Witness Name (printed)	
Defendant Signature	Witness Signature	
Date	Witness Name (printed)	