

Defendant name _____

Case number(s) _____

IDAHO DEPARTMENT OF CORRECTION
Agreement of Supervision

Below are the terms and conditions of probation/parole with the Idaho Department of Correction (IDOC). You must acknowledge your understanding of, and agreement to, each term and the condition(s) identified by initialing in the _____ areas provided below.

1. _____ **LAWS AND CONDUCT:** I will obey all municipal, county, state, tribal, and federal laws. I will answer truthfully questions posed to me by any agent of the IDOC. If I am detained by law enforcement, I will tell the officer(s) that I am on felony supervision and provide the name of my probation/parole officer (PPO). I will notify my PPO of any such contact within 24 hours.
2. _____ **REPORTING:** I will report as directed by my PPO.
3. _____ **RESIDENCE:** I will reside in a location approved by my PPO and will not change my approved place of residence without first obtaining permission from my supervising officer. When home, I will answer the door promptly for any IDOC agent and allow him/her to enter my residence. I will grant access to other real property, my place of employment, and my vehicle for the purpose of inspection, visitation, and other supervision functions. I will not possess, install, or use any monitoring instrument, camera, or other surveillance or security device that could alert me to a PPO's visit. I will not keep any vicious or dangerous dog or other animal on or in my property that an IDOC agent perceives as an impediment to accessing the property.
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 IDOC for disposal. I will not reside at any location where firearms are present.
5. _____ **SEARCH:** I consent to lawful searches by any agent of the IDOC and understand that searches may be conducted of my person, residence, vehicle, personal property, and other real property or structures owned or leased by me, or for which I am the controlling authority. I hereby waive my Fourth Amendment rights under the Idaho and United States Constitutions concerning searches.
6. _____ **EMPLOYMENT:** I will seek and maintain employment, or a program, including being a stay-at-home parent, approved by my PPO. I will not change my employment or program without first obtaining permission from my PPO.
7. _____ **ASSOCIATIONS:** I will not knowingly be in the presence of, or communicate with, person(s) that have been prohibited by the Court, the Parole Commission, or any IDOC agent.
8. _____ **VICTIMS:** I will not have any direct or indirect contact with any past or present victim(s) without the approval of my PPO.
9. _____ **CURFEW:** I will observe curfew restrictions as directed by my PPO.
10. _____ **TRAVEL:** I will not leave the State of Idaho or my assigned district without first obtaining permission from my PPO.
11. _____ **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. I will not work in an

establishment where alcohol is the primary source of income unless otherwise ordered by the Court/Commission or my PPO.

12. ____ **CONTROLLED SUBSTANCES:** I will only purchase, possess, or consume controlled substances lawfully prescribed for me, and only in the manner prescribed. I will not use or possess any substance my PPO prohibits me from using or possessing.
13. ____ **SUBSTANCE ABUSE TESTING:** I will submit to any test for alcohol or controlled substances as requested and directed by any IDOC agent. A dilute or adulterated sample or a failure to provide a sample will be deemed a positive test. I agree that I may be required to obtain tests at my own expense. I hereby waive any objection to the admission of those blood, urine, or breath tests results presented in the form of a certified affidavit.
14. ____ **EVALUATION AND PROGRAM PLAN:** I will obtain any treatment evaluation deemed necessary as ordered by the Court/Commission or requested by any agent of the IDOC. I will meaningfully participate in and successfully complete any treatment, counseling, or other programs deemed beneficial as directed by the Court/Parole Commission, or any agent of the IDOC. I understand I may be required to attend treatment, counseling, or other programs at my own expense.
15. ____ **RELEASE OF INFORMATION:** I agree to sign any 'release of information' form that allows my supervising PPO to communicate with professionals involved in my treatment program(s).
16. ____ **ABSCONDING SUPERVISION:** I will not leave or attempt to leave the state or my assigned district to abscond or flee supervision. I will be available for supervision as instructed by my PPO and will not actively avoid supervision.
17. ____ **INTRASTATE/INTERSTATE VIOLATIONS:** I waive any objection to IDOC or my PPO providing evidence of any probation/parole violation when another district or state has requested the information for a probation/parole violation hearing, or a supervising officer has requested such information.
18. ____ **EXTRADITION:** I waive extradition to the State of Idaho and will not contest any effort to return me to the State of Idaho. I will pay for the cost of extradition as ordered by the Court/Commission.
19. ____ **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 the Court/Commission or my PPO.
20. ____ **COST OF SUPERVISION:** I will comply with Idaho Code 20-225, which authorizes the IDOC to collect a cost of supervision fee. I am responsible for paying my cost of supervision fees, and I will make timely payments as prescribed in my monthly cost of supervision bill.
21. ____ **ELECTRONIC MONITORING:** I will comply with the IDOC electronic monitoring program at the request of any IDOC agent. I will not tamper with or disconnect any monitoring equipment and will always keep it properly charged. I will adhere to any curfew, restricted areas, or related schedule requirements. I will promptly respond to and clear any equipment alerts and submit to breath testing when prompted to do so. I understand that I am responsible for care of the equipment issued to me and that I may be held financially and criminally liable for equipment that is damaged, lost, or not returned.

Probationer/Parolee Signature

Date

Probationer/Parolee Name (printed)

Witness Signature

Date

Witness Name (printed)