

COMMONWEALTH OF PENNSYLVANIA
MONROE COUNTY ADULT PROBATION DEPARTMENT

610 Monroe Street, Suite 104, STROUDSBURG, PA 18360

PHONE (570) 517-3098 ♦ FAX (570) 517-3869

TO: _____ CASE NUMBER: _____

DATE: _____ MAXIMUM DATE: _____

In accordance with the authority conferred by the Court of Law, you have been placed on **PAROLE** on this _____ for a period of _____ by the Honorable Judge _____ Court of Common Pleas 43rd Judicial District. You are subject to the following rules.

RULES FOR PAROLE

1. You will be under the supervision of the Monroe County Probation Department.
2. Report regularly, in person or as instructed by your parole officer and abide by any instructions of your parole officer.
3. Comply with all municipal, county, state, and federal criminal laws, as well as the provisions of the Vehicle Code.
4. Notify your parole officer within 72 hours of any arrest or citation.
5. Make every effort to obtain and maintain employment and to support your legal dependents; if employment is lost or changed notify your parole officer within 72 hours and cooperate with your parole officer in finding other employment.
6. Remain in the county within the Commonwealth to which you have been paroled, unless permission has been granted by your parole officer prior to leaving.
7. Abstain from the unlawful possession or sale of narcotics and dangerous drugs, and abstain from the use of controlled substances within the meaning of the Controlled Substance Drug, Device and Cosmetic Act without a valid prescription.
8. Abstain from the use of alcoholic beverages.
9. Submit to urinalysis testing as directed by your parole officer.
10. Refrain from possessing any firearm, deadly, or offensive weapon without the authorization from your parole officer.
11. Refrain from overt behavior which threatens or presents a clear and present danger to yourself or others.
12. Keep your parole officer informed of any changes in address or residence within 72 hours.
13. Report promptly on the dates set forth. If for any unavoidable reason you are unable to do so, communicate with your parole officer without delay.
14. I understand that, by being granted parole, I consent to the warrantless search of my person, possessions, and residence as determined by my parole officer.
15. Pay your fine, court costs, and/or restitution as directed by your parole officer. _____
16. You will comply with the following conditions which have been imposed by the Court.
Special conditions: _____

If I should be arrested in another state during the period of my parole, I will waive extradition and will not resist being returned by the court to the state of Pennsylvania.

If I violate any of the above conditions, I will be subject to arrest and/or revocation of parole until the expiration of my maximum sentence, or until such time as I may be legally discharged.

AGREEMENT BY PAROLEE

I have read, or have had read to me, the foregoing conditions of my parole which I fully understand and agree to abide by and strictly follow. I fully understand the penalties involved should I in any manner violate these rules.

Signature of Parolee

Signature of Parole Officer

Date