

In the District Court of Tulsa County,

STATE OF OKLAHOMA

CASE NUMBER _____

DEFENDANT _____

OFFENSE _____

DATE _____

RULES AND CONDITIONS OF PROBATION:

1. I will until my final release, make a report in writing and in person as directed by the Supervising Authority.
2. I will not use or be in possession of intoxicants or illicit drugs of any kind, or visit places where illicit drugs are unlawfully sold, dispensed or used. I understand that I am not allowed to enter or loiter around beer taverns or clubs.
3. I will not leave the State of Oklahoma without written permission of the Supervising Authority. I will not leave Tulsa County without permission of the Supervising Authority.
4. I will not communicate with persons on Parole or inmates of penal institutions, nor will I associate with persons having a criminal record or involved in criminal activity. I understand that it is my responsibility to know whether an associate has a criminal record.
5. I will allow the Supervising Authority to visit me at my home, place of employment or elsewhere. I will notify the Supervising Authority prior to changing residence or employment.
6. I will carry out all instructions the Supervising Authority may give me, including but not limited to, urinalysis, curfew, and treatment.
7. I understand it will be a violation of my Probation to own, carry or possess firearms or ammunition of any type or to be in a vehicle where firearms are located.
8. I will work regularly at a lawful occupation and support my legal dependents without public assistance as long as I am physically able to do so.
9. I will refrain from violating City, State or Federal laws and I will report within 48 hours if I am arrested or questioned by any law enforcement agency.
10. I hereby agree to pay the sum of \$40.00 per month for the term of my probation to the Department of Corrections to defray the costs of my supervision, as directed by the Department of Corrections. Costs incurred from method of payment are the responsibility of the offender.

11. SPECIAL CONDITIONS

- | | |
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| <input type="checkbox"/> TREATMENT/URINALYSIS | <input type="checkbox"/> MAIL-IN PENDING INTERSTATE |
| <input type="checkbox"/> DRUG / ALCOHOL COUNSELING | <input type="checkbox"/> STAY AWAY _____ |
| <input type="checkbox"/> RESTITUTION-EXHIBIT A ATTACHED | <input type="checkbox"/> WAIVE RULE(S) _____ |
| <input type="checkbox"/> PSYCHIATRIC COUNSELING | <input type="checkbox"/> MEDIATED AGREEMENT |
| <input type="checkbox"/> COMMUNITY SERVICE _____ HOURS | <input type="checkbox"/> OTHER _____ |

I understand and agree that the continuance of my probation depends entirely on my conduct. I understand that should I violate the terms and conditions of my probation, the Court may revoke my sentence and I may be required to serve imprisonment of the sentence imposed by the Court.

I hereby certify that I have carefully read or have been read and explained the above Rules and Conditions and fully understand what my obligations are while under supervision of the Department of Corrections. I further acknowledge receipt of a copy of these Rules and Conditions which I agree to study from time to time so that I will be fully informed at all times regarding my obligations while under supervision.

ATTORNEY FOR DEFENDANT

DEFENDANT - PROBATIONER

White Copy: Court File
Blue Copy: Defendant's Copy

Department of Corrections, Probation and Parole
440 S. Houston, Suite 701
Tulsa, OK 74127 Telephone (918) 581- 2931