

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 will 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 (IDOC) 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 by me, or for which I am the controlling authority conducted by any agent of IDOC or a law enforcement officer. I hereby waive my rights under the Fourth Amendment and the Idaho constitution concerning searches.
6. ____ **Employment:** I will seek and maintain employment, or a program, to include a stay at home parent, approved by my probation/parole officer, and will 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 IDOC agent.
8. ____ **Travel:** I will 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, will not enter any establishment where alcohol is a primary source of income, and will not work in an establishment where alcohol is the primary source of income unless otherwise ordered by the Court/Commission or my probation/parole officer.
10. ____ **Controlled Substances:** I will only purchase, possess or consume controlled substances lawfully prescribed for me, and then, only in the manner prescribed. Nor will I use or possess any substance my probation/parole officer forbids me from using or possessing.

11. _____ **Substance Abuse Testing:** I will submit to any test for alcohol or controlled substances as requested and directed by any IDOC agent or other law enforcement officer. 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 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 IDOC. I understand I may be required to attend treatment, counseling or other programs at 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 will be available for supervision as instructed by my probation/parole officer and will not actively avoid supervision.

14. _____ **Intrastate/Interstate Violations:** I 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 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 the Court/Commission or 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.

_____ I have read or had read to me the above agreement and have been provided with a copy of the Idaho Response Matrix. 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

Defendant Name (printed) & IDOC #

Witness Name (printed)

Date

Reviewed

Defendant Signature

Witness Signature

Date

Witness Name (printed)

Defendant Signature

Witness Signature

Date

Witness Name (printed)