REENTRY CONDITIONS

Department of **Corrections** WASHINGTON STATE

☐ CPA ☐ Graduated Reentry

Name: _____ DOC number: _____

I understand that my placement on Community Parenting Alternative (CPA)/Graduated Reentry status is a privilege which may be revoked by the Reentry Senior Administrator. I understand that any violation of home detention conditions, or conduct or activity which reflects a disregard for the rights of others, will be sufficient cause to revoke my home detention and/or terminate CPA/ Graduated Reentry participation.

I understand and agree to abide by the following conditions:

1. Reside at my approved residence: _____

2. Conduct myself in a lawful manner.

3. Wear my electronic monitoring device as required, follow specified procedures, and comply with any telephone and computer access restrictions as they apply to the monitoring device requirements.

4. Accept visits from Department employees at my job site, home, school, treatment, etc.

5. Report to my case manager as directed.

6. Continue mental health treatment, substance abuse treatment, and/or other programming requirements.

7. Not own or possess any deadly weapon or ammunition or knowingly be in the company of a person possessing the same.

8. Remain steadily employed and will not change employment without prior approval from my case manager.

9. Not knowingly associate with persons having a criminal record or frequent places where illegal activities are conducted.

10. Not drink alcoholic beverages of any kind, or enter any establishments such as bars or liquor stores where the sale and/or consumption of alcoholic beverages on the premises is the primary business of the establishment.

11. Not consume or possess marijuana or frequent any establishments that marijuana is the main commodity for sale. The process for medical marijuana use is outlined in DOC 620.380 Offender Medical Marijuana Use.

12. Not consume or possess narcotics or other controlled substances, except as medically authorized, or be in the presence of persons possessing the same. I will inform medical professionals of any addictions I may have.

13. Remain at my place of residence except for authorized activities or have been given specific permission to do otherwise.

14. Not own or drive a motor vehicle without authorization.

15. Abide by special instructions given to me by my case manager (e.g., imposed conditions).

16. Submit to drug or alcohol testing as requested. It is prohibited to ingest poppy seed food products.

17. Report all use of medications, whether over-the-counter or prescription, to my case manager. I will not use products containing alcohol or ephedrine.

18. Pay for the costs of my participation in CPA/Graduated Reentry (i.e., active phone line, any damage to the electronic monitoring equipment).

19. I am personally responsible for all costs of my housing, meals, and general subsistence.

20. Go directly to and from only the locations approved by my case manager as part of my daily/weekly approved schedule.

21. All electronic devices or access to the internet are subject to search and disclosure. I will provide passwords to my case manager.

22. All release of information documents will remain current and valid throughout the CPA/ Graduated Reentry period.

23. Provide the Department with information regarding my status and my family status for up to 12 months post supervision for the purpose of data collection.

If I violate my CPA/Graduated Reentry conditions, I may be sent to Prison to serve the remaining portion of the sentence in addition to any good time that may have been taken in the event of an infraction.

I fully understand that willful failure to report as required, unauthorized change of residence or employment, or failure to otherwise inform the Department of my whereabouts, could constitute an escape from custody.

_____   _____
Signature   Date

_____   _____ _____
Reentry Senior Administrator/Case manager   Signature   Date

Distribution: **ORIGINAL** - Case manager file   **COPY** - Participant