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| C:\Users\dllordier\Desktop\doc-logo-black.png | **CONDITIONS OF COMMUNITY PARENTING ALTERNATIVE** |

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| Offender Name: |       | DOC #: |       |

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| **I understand that my placement on Community Parenting Alternative status is a privilege which may be revoked by the Family Offender Sentencing Alternative (FOSA) 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 Community Parenting Alternative Program participation.** |

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| I understand and agree to abide by the following conditions during my involvement in the Community Parenting Alternative Program: |

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| 1. | I will reside at my approved residence at: |       | . |

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| 2. | I will conduct myself in a lawful manner. |

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| 3. | I will 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. |

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| 4. | I will accept the visits of Department of Corrections employees to my job site, home, school, treatment, etc. |

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| 5. | I will report to my Community Corrections Officer at least |       | times weekly, and more often if instructed to  |
|  | Do so, for routine progress reviews and program participation. |

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| 6. | I understand I must continue mental health treatment, substance abuse treatment, and/or other programming while on Community Parenting Alternative status. |

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| 7. | I will not own or possess any deadly weapon or knowingly be in the company of a person possessing the same. |

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| 8. | When approved for employment, I will remain steadily employed at |       |  |
|  | and will not change employment without prior approval from my Community Corrections Officer. |

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| 9. | I will not knowingly associate with persons having a criminal record or frequent places where illegal activities are conducted. |

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| 10. | I will 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. |

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| 11. | I will not consume or possess marijuana or frequent any establishments that marijuana is the main commodity for sale. I understand the process for use of medical marijuana remains the same per policy DOC 620.380 Offender Medical Marijuana Use. |

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| 12. | Except as medically authorized, I will not use or possess narcotics or other controlled substances, or be in the presence of persons possessing the same. |

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| 13. | I agree that during the Community Parenting Alternative period, I will remain at my place of residence, except for authorized activities, unless I am given specific permission to do otherwise. |

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| 14. | I will not own or drive a motor vehicle without proper authorization. |

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| 15. | I will abide by special instructions given to me by my Community Corrections Officer (e.g., electronic monitoring equipment, imposed conditions).  |

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| 16. | I will submit to urinalysis or alcohol testing as requested by designated Department of Corrections employees. I understand that ingestion of poppy seed food products may result in positive tests for unauthorized use and is therefore prohibited. |

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| 17. | I will report all use of medications, whether over the counter or prescription, to my Community Corrections Officer. I will not use products containing alcohol or ephedrine. |

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| 18. | I agree to pay subsistence for the cost of my participation in the Community Parenting Alternative Program, i.e. active phone line and any damage to the electronic monitoring equipment. |

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| 19. | I understand that I am personally responsible for all costs of my housing, meals, and general subsistence, while in the Community Parenting Alternative Program. |

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| 20. | I understand that if I violate my Community Parenting Alternative 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. |

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| 21. | Release of information will remain current and valid throughout the Community Parenting Alternative period. |

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| 22. | I agree to provide the Department of Corrections with information regarding my status and my family status for up to 12 months post supervision, for the purpose of data collection for the program evaluation. |

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

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| Offender Signature |  | Date |

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| FOSA Administrator/designee Approval |  | Date |

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| Community Corrections Officer Approval |  | Date |

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

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