



CONDITIONS, REQUIREMENTS, AND INSTRUCTIONS

Name	DOC number	ICOTS number (if applicable)	County/Cause number /
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TERMS OF SUPERVISION

- I understand that under the provisions of RCW 9.94A, 9.95, 9.95.270, or 10.77, I am subject to all conditions and requirements the court/Indeterminate Sentence Review Board (Board)/Department of Corrections (Department) has imposed and that the terms of supervision can be revoked, modified, or changed at any time during the course of supervision. Furthermore, I understand that I am under supervision and that I must comply with the instructions herein.

STANDARD CONDITIONS

- I will comply with the following reporting instructions:
 - I am required to report and be available for contact with the assigned case manager as directed until instructed to no longer report, or a court order is issued closing the case. Department employees may make contact with me at my residence, at my place of employment, or other known areas where I may be located. I am required to report in person on the day(s) listed below, or as otherwise directed by the case manager:
 Report to: _____ Address: _____ Phone: _____
 1st 2nd 3rd 4th MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
 Other/As directed: _____ Reporting time, if applicable: _____
 - I am required to report in person to the Department within one business day of release from any confinement or a warrant may be issued for my arrest.
- I must obtain written permission from the case manager before traveling outside the county in which I reside or outside Washington State, unless advised in writing by the case manager that it is not necessary to do so.
- I must obtain permission from the case manager before changing residence, even for one night.
- I will notify the case manager before changing employment.
- If the court/Board/Department has ordered me to receive mental health or substance use disorder treatment, I must disclose to the treatment provider that I am under Department supervision, unless otherwise granted by the court.

ADDITIONAL CONDITIONS

- I will notify the case manager before changing education programs.
 - If my crime of conviction is a sex offense committed on or after 6/6/96, with a minor child victim, I must avoid contact with the victim and minors of similar age, and avoid areas where minors congregate, unless authorized by the case manager.
 - If my sentence requires registration, I have been advised and understand the registration requirements and have signed DOC 07-023 Registration Notification.
 - I will abide by written or verbal instructions issued by any Department employee or contract staff.
 - I will abide by any agreements, acknowledgment requirements, or instructions issued by the court/Board/Department.
 - I will abide by any Department imposed conditions, or court/Board approved conditions for pre-SRA and Community Custody Board individuals.
 - I have received DOC 09-252 Request to Appeal Imposed Condition and understand that I must complete and submit the form to the Field Administrator within 48 hours of being served with a Department-imposed condition if I wish to appeal.
- _____ Initial
- I will obey all laws. For causes under court/Board jurisdiction, this condition may only be imposed by the court/Board.

- I will not threaten or exhibit assaultive behavior toward any Department employee, contract staff, or volunteer, or any family member of a Department employee, contract staff, or volunteer.
- If I am being supervised under a drug sentencing alternative, I will not use alcohol, marijuana, or illicit drugs.
- I consent to allow home visits to monitor my compliance with supervision. These visits include access for purposes of visual inspection of all areas of residence in which I have exclusive or joint control/access.
- Based on eligibility, I will enter and successfully complete identified Department-facilitated cognitive behavioral interventions to assist me to improve my skills, relationships, and ability to stay crime free.
- The court has ordered me to pay Legal Financial Obligations (LFOs), including accrued interest. I agree to pay not less than _____ per month beginning _____ to the Clerk of _____ County, located at _____ until my financial obligation is paid in full.
- I am aware I will receive a monthly bill from the Department for each cause number on which I owe LFOs. I understand I am to mail the stub along with my payment to the appropriate County Clerk. I have been advised and understand that failure to make payments toward my LFOs as scheduled can result in an increase in my monthly payment rate and/or referral of my case to the County Clerk's Office for collection. Should I fall behind in my monthly payment in an amount equal to or greater than the amount payable for one month, the Department may issue DOC 05-530 Notice of Payroll Deduction. Without further notice, my employment earnings are subject to a Notice of Payroll Deduction and my earnings or property, or both, are subject to an Order to Withhold and Deliver. Any net proceeds obtained through either a Notice of Payroll Deduction or an Order to Withhold and Deliver will be applied to my court ordered financial obligations. (Not applicable to FOS cases)

Interstate Compact Supervision Type: State: _____ Parole Probation Special:

If I am being supervised by the Department from out of state (FOS), and the sending state has designated my case as "victim sensitive", I must obtain written permission from the case manager before changing address, returning to the sending state, or obtaining a travel permit. The case manager will **notify the Washington Interstate Compact Office** of the change or request.

ORDERED CONDITIONS/REQUIREMENTS		
Condition type	Condition	Cause(s)

VIOLATION OF CONDITIONS

- Should I violate any of these conditions, requirements, or instructions, I understand that I may be sanctioned by the court/Board/Department if I am found to have committed the violation(s).

COMMUNITY SERVICE HOURS

Complete _____ hours of community service at a rate of _____ hours per week month as directed by the Department. Report completed hours to the Department as directed.

NOTICES

- **Firearms:** I have been advised and understand that if I have been convicted of a crime in a category listed below I am prohibited by law from owning, possessing, receiving, shipping, or transporting a firearm, ammunition, or explosives. I understand the prohibition extends to every sort of gun, rifle, or explosive device or similar device, including the frame or receiver of firearms. I understand that this may also be a violation of my supervision.
 - Any felony offense
 - Misdemeanant offense (RCW 9A.41.040, 10.99.020) – Includes the following misdemeanor offenses, when committed by one family or household member against another, committed on or after July 1, 1993:
 - Coercion (RCW 9A.36.070) ▪ Assault 4 (RCW 9A.36.041) ▪ Reckless Endangerment 2 (RCW 9A.36.050)
 - Stalking* (RCW 9A.46.110) ▪ Violation of a Protective Order-No Contact (RCW 10.99.040)*, (RCW 26.50.060, 070, 130)

I understand that I should seek legal advice if I wish to possess a firearm after I am discharged from supervision.

- **Deadly Weapons:** I have been advised that I am not authorized to possess any deadly weapons. A deadly weapon is an implement or instrument which has the capacity to inflict death and from the manner in which it is used, is likely to produce or may easily and readily produce death. This includes, but is not limited to, blackjacks; sling shots; billies; sand clubs; sandbags; metal knuckles; any dirk; dagger; pistol, revolver, or any other firearm; any knife having a blade longer than 3 inches; any razor with an unguarded blade; any metal pipe or bar used or intended to be used as a club; any explosive; and any weapon containing poisonous or injurious gas.
- **Body Armor:** I have been advised and understand that, per Title 18, United States Code, Section 931, I am not authorized to possess body armor. I understand that possession constitutes a violation of supervision.
- **Arrest, Search, and Seizure:** I am aware that I am subject to search and seizure of my person, residence, automobile, or other personal property if there is reasonable cause on the part of Department employees to believe that I have violated the conditions/requirements or instructions above. I am also aware that, for the safety and security of Department employees, I am subject to a pat search or other limited security search without reasonable cause when I am in, on, or about to enter Department premises, and when I am about to enter a Department vehicle.
- **Threatening, Obstructing, or Assaulting Staff:** I am aware that I may be arrested and charged if I threaten any Department employee or contractor (RCW 9A.46.020), obstruct a case manager who is performing their official duties (RCW 9A.76.020), or assault any Department employee or contractor (RCW 9A.36). I am aware that these are also violations of my supervision.

_____ Initial

- **Staff Sexual Misconduct:** I am aware that sexual contact between a supervised individual and Department employee or contractor is a violation of Washington State Law under RCW 9A.44.160. I understand the Department has zero tolerance for staff sexual misconduct and that there is no such thing as consensual sex between an employee, contractor, volunteer, or any person providing services in a correctional facility or office and a person under correctional supervision. I understand the reporting process for staff sexual misconduct and that ***I may report any staff sexual misconduct to any employee or by calling 1-800-586-9431.*** Any allegation of staff sexual misconduct will be investigated. I understand that I may be sanctioned if an investigation results in a finding, by a preponderance of evidence, that I have caused an innocent person to be accused of sexual misconduct by providing false or misleading information during any stage of the investigation. I have received the PREA Brochure.

_____ Initial

- **Access to Residence/Dangerous Animals:** I will allow Department employees unrestricted access to my residence. This includes the control or securing of dangerous animals.
- **Acting as an Informant:** I understand that, if I agree to act as an informant for law enforcement, I will be subject to disciplinary action for any associated behaviors that violate my conditions of supervision.
- **Confinement Expectations:** I have been advised that, while on supervision/probation, I am required to comply with all facility rules and regulations of the confining facility for any period of confinement. Failure to abide by facility rules and regulations may be addressed through additional violation hearings and sanctions.
- **Tolling:** I have been advised that those periods that I am unavailable for supervision (i.e., jail, on abscond status) will not count towards my supervision period (FOS cases subject to sending state rules regarding tolling).
- **Resolution Procedure:** The resolution procedures have been explained to me and I understand them. I have received the Resolution Program Handout.

_____ Initial

I have received a copy of my Judgment and Sentence, and I have read or have had read to me the foregoing conditions and sentence requirements which are applicable in my case. Each of these conditions/requirements have been explained to me and I hereby agree to comply with them.

Signature	Date
Current address	

Case manager signature	Date
Location	Telephone

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 16-01, RCW 42.56, and RCW 40.14.

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