

STATE OF OHIO  
Department of Rehabilitation and Correction  
Adult Parole Authority  
**CONDITIONS OF SUPERVISION**



In consideration of having been granted supervision on \_\_\_\_\_.

1. I will obey federal, state and local laws and ordinances, including those related to illegal drug use and registration with authorities. I will have no contact with the victim of my current offense(s).
2. I will follow all orders given to me by my supervising officer or other authorized representatives of the Court or the Department of Rehabilitation and Correction, including, but not limited to obtaining permission from my supervising officer before changing my residence and submitting to drug testing.
3. I will obtain a written travel permit from the Adult Parole Authority before leaving the State of Ohio.
4. I will not purchase, possess, own, use or have under my control, any firearms, ammunition, dangerous ordnance, devices used to immobilize or deadly weapons, or any device that fires or launches a projectile of any kind. I will obtain written permission from the Adult Parole Authority prior to residing in a residence where these items are securely located.
5. I will not enter the grounds of any correctional facility nor attempt to visit any prisoner without the prior written permission of my supervising officer. I will not communicate with any prisoner in any manner without first obtaining written permission from my supervising officer.
6. I will report any arrest, conviction, citation issued to me for violating any law, or any other contact with law enforcement to my supervising officer no later than the next business day following the day on which the contact occurred or, if I am taken into custody as a result of the law enforcement contact, no later than the next business day following my release from custody. I will not enter into any agreement or other arrangement with any law enforcement agency that might place me in the position of violating any law or condition of my supervision without first obtaining written permission to enter into the agreement or other arrangement from the Adult Parole Authority or a court of law.
7. I agree to the warrantless search of my person, motor vehicle, place of residence, personal property, or property that I have been given permission to use, by my supervising officer or other authorized personnel of the Ohio Department of Rehabilitation and Correction at any time.
8. I agree to fully participate in, and comply with, Special Conditions that will include programming/intervention to address high and moderate domains if indicated by a validated risk tool selected by DRC and any other special conditions imposed by the Parole Board, Court, or Interstate Compact:

# NOTICE

1. I understand that if I am arrested outside the State of Ohio, my signature as witnessed at the end of the page will be deemed to be a waiver of extradition and that no other formalities will be required for an authorized agent of the State of Ohio to bring about my return. In addition I understand I will be required to reimburse the State of Ohio for any costs associated with my extradition.
2. I understand that I may be required to pay a fee of up to eighty-five dollars (\$85.00) in connection with any application I file for transfer of my supervision to another state pursuant to the Interstate Compact for Adult Offender Supervision.
3. If I am a Parole/PRC/Interstate Compact offender, I will be required to pay supervision fees in the amount of \$20.00 per month unless waived by the Adult Parole Authority. If I am a Community Control/Judicial Release/Treatment in Lieu offender, I will be required to pay financial obligations as determined by the Court and/or as specified in the journal entry(ies).

I have read or had read to me the conditions of my \_\_\_\_\_. I fully understand these conditions and I agree to follow them. I understand that violation of any of these conditions may result in the revocation of my \_\_\_\_\_ which may result in additional imposed sanctions, including imprisonment. In addition, I understand that I must follow these conditions until notified by my supervising officer. By my signature I acknowledge that I have received a copy of these conditions of supervision.

Print Witness Name:		Print Offender Name:		Inmate #:	
Witness Signature:		Date:		Offender Signature:	
				Date:	

Staff Assistance Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Language: _____	ADA Accommodations--Type: _____
Literacy: _____	Other: _____
Staff Providing Assistance:	Date: