



RULES, REGULATIONS, AND SPECIAL CONDITIONS OF SEX OFFENDER SUPERVISION

*MONTGOMERY COUNTY ADULT PROBATION AND PAROLE DEPARTMENT
408 CHERRY STREET, PO BOX 311, NORRISTOWN, PA 19404*

1. I will report regularly **in person**, as determined by my officer. The responsibility to report falls upon me, the offender.
2. I must comply with all local, state, and federal criminal laws. I will notify my officer immediately if I am arrested by or if I am cooperating with any law enforcement agency. I will not enter into any agreement to act as a confidential informant for any law enforcement agency without permission from my officer. Furthermore, I will conduct myself in a manner that I will not create a danger to the community or myself.
3. My officer will make supervision visits in my home. I will provide access to the dwelling in which I reside. Prior to changing my residence, I must have the permission of my officer. Firearms and/or lethal weapons are prohibited in my residence and/or on my property.
4. My place of employment must be approved by my probation officer. I will make every effort to obtain and maintain employment and support my dependent(s). I will notify my officer within 72 hours of any change. If I change my employment, I should have another position arranged.
5. My daily travel is limited to the adjoining counties. Any travel beyond those counties, out of state, or overnight travel must be approved 72 business hours prior to the event. Permission to travel must be obtained from my officer and if applicable, in agreement with my treatment provider prior to my departure. Travel outside of the United States will require written approval from the visiting country's consulate, and fines, costs, and restitution must be paid in full.
6. I will pay all fines, costs, and restitution in monthly installments as directed by the Court. Payments are to be sent to the **Clerk of Courts, Courthouse, P.O. Box 311, Norristown, PA 19404**.
I am advised that all amounts over \$1,000 will cause a lien and filing fees to be placed against me. Further, my failure to pay my fine, costs, and restitution as directed by the Court may result in my account balance being submitted to a collection agency. An additional 25% collection charge will be added to my account balance.
7. I will cooperate and participate in any medical, psychological, and/or psychiatric examination, test, treatment and/or counseling as directed by the Court. Sex Offender treatment will only be at approved providers. If I enroll in treatment or counseling, I will immediately notify my officer and sign a confidential release with my treatment provider. I will remain in said program until released by my officer or until the satisfactory completion of said program.
8. I will abstain from the unlawful possession, use or sale of narcotics or other dangerous drugs and drug paraphernalia. I will submit urine sample(s) and/or breathalyzer upon request of my probation/parole officer. If deemed appropriate, I will abstain from the possession and/or consumption of alcohol.
9. I will request that my prescription medication be non-narcotic and non-addictive and notify my officer prior to consuming and/or using any prescribed medication or any over the counter medication. If my physician requires me to take any prescribed narcotic, pain, and/or potentially addictive medication, I may have to obtain a doctor's note describing my need for such treatment. I will not take anyone else's prescribed medication. I will not consume diet pills. I will not use and/or possess any other mood altering or hallucinogenic substance.
10. I will not own, use, and/or possess any type of firearm, lookalike firearm, lethal weapon, explosives, and/or ammunition. Hunting is prohibited. I will notify my officer of any firearms registered to me.
11. I understand the Adult Probation and Parole Department has the authority to search my person, place of residence, or vehicle without a warrant, if he or she has reasonable suspicion.
12. I will not operate a motor vehicle without a valid driver's license. I acknowledge that if I do, it will be a direct violation of my supervision and I am subject to being detained on a violation.
13. I will undergo periodic polygraph examinations as directed by my treatment provider to determine compliance with the conditions of treatment. Costs incurred are my responsibility.

Initials: Client _____ A.P.O. _____

14. You must not possess, view, listen to or read any obscene materials or materials which depict or describe sexual conduct, including any articles, literature, books, magazines, photographs, Emails, websites, digital images, animated photographs or images, tapes, videos, or any content that may be or is broadcast by radio, television or computer (including by satellite.)
15. You must not enter adult bookstores or any establishment whose primary function is the sale, rental, or display of any sexually explicit materials.
16. You must not access or participate in any chat lines or sexually explicit telephone services.
17. Other Special Conditions: _____

Initials: Client _____ A.P.O. _____

OPTIONAL CONDITIONS IMPOSED BY THE COURT FOR SEX OFFENDER SUPERVISION

- 18. You must not have any contact with anyone under the age of 18 years old without the prior written approval of your probation/parole officer and if applicable, in agreement with your treatment provider. You must immediately report any of these contacts to your probation/parole officer. Contact is defined as follows: (1) actual physical touching; (2) writing letters, sending messages, buying presents, sending email, sending instant messages, sending text messages, calling on a telephone/cell phone/blackberry; (3) and verbal communication, such as talking, as well as nonverbal communication, such as body language (waving, gesturing, winking), sign language and facial expressions; (4) direct or indirect contact through a third party.
- 19. You must not loiter, attend, visit, or participate in events where the primary activity at such locations involve persons under the age of 18 years without the prior written approval of your probation/parole supervision officer and if applicable, in agreement with your treatment provider. These areas include but are not limited to the following places: playgrounds, youth recreation centers, youth clubs, arcades, amusement parks, child daycare centers, elementary schools, high schools, elementary/high school bus stops, Special Olympic events, Boy Scout/Girl Scout meetings or events, county or community fairs and carnivals, or any similar areas where persons under the age of 18 years old commonly congregate.
- 20. You must not form an intimate or romantic/sexual relationship with any person who has full or partial physical custody, including visitation rights, of anyone under the age of 18 years old without the prior written approval of the Court and if applicable, in agreement with your treatment provider.
- 21. I may only use a computer, cell phone, or any electronic device that is monitored and / or approved by the Adult Probation Department. I understand that monitoring software will be installed on the device(s) and will be reviewed by the Adult Probation Department. I will inform others who may use the devices of the monitoring. I will not tamper with or alter the device that would cause any issues with the monitoring software. Any issues with the functioning of the device or the need to change devices will be immediately reported to the Adult Probation Department. Costs incurred for the monitoring are my responsibility.

Initials: Client _____ A.P.O. _____

**PROBATION/PAROLE AND INTERMEDIATE PUNISHMENT RIGHTS, WAIVER, AND
ACKNOWLEDGEMENT:**

If I violate the rules and conditions of my probation/parole and intermediate punishment or am arrested on new criminal charges, the Montgomery County Adult Probation and Parole Department has the authority to arrest me as a probation/parole/IP violator, and either remand me to Montgomery County Correctional Facility or lodge a detainer against me if I am already incarcerated, pending appropriate hearings.

At that time, I am entitled to the following rights:

1. To be notified in writing at least three days prior to a hearing of the time and place, and of the specific violation(s) charged.
2. Representation at my hearings by counsel of my own choice or if I cannot afford counsel, one will be appointed free of charge.
3. A preliminary hearing (Gagnon I) must be held before the Court to determine whether there is probable cause to believe that a violation of probation/parole/intermediate punishment has occurred. (A preliminary hearing or a waiver of this hearing at the District Court level for a new offense will satisfy this requirement.)
4. A more comprehensive revocation hearing (Gagnon II) must be held before the Court where:
 - a.) The Adult Probation and Parole Department will disclose any **evidence they** have to support the alleged probation/parole/intermediate punishment violations.
 - b.) I can confront adverse witness(es) (unless the Court specifically finds good cause for not allowing confrontation).
 - c.) I can present evidence and favorable witness(es) on my behalf.

If the Court decides that I have violated one or more conditions of my probation/parole/intermediate punishment, I may be committed to prison for such time as may be specified by the Court, in accordance with statutes of the Commonwealth of Pennsylvania.

I understand that if I leave the Commonwealth of Pennsylvania at any time I may be directed to return to Pennsylvania. I know that I may have a constitutional right to insist that Pennsylvania extradite me from any state where I may be found. This is commonly called the right to extradition. I also understand and acknowledge that I agree to return to Pennsylvania when ordered to do so. Therefore, I agree that I will not resist or fight any effort by any state to return me to Pennsylvania and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

I hereby acknowledge that I have read, or have had read to me, the foregoing conditions of my probation/parole/intermediate punishment, and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them.

Furthermore, if I believe my rights have been violated or are about to be violated by an employee of the Montgomery County Adult Probation and Parole Department, I may file a written complaint to their immediate supervisor, who will investigate the complaint and respond in writing to the complainant. If I feel the need for further appeal, I am to proceed in a similar fashion according to the chain of command in the department.

Adult Probation Witness

Signature of Probationer/Parolee/IP

Date