

<input type="checkbox"/> County Court <input type="checkbox"/> District Court _____ County, Colorado Court address: <hr/> People of the State of Colorado v. Defendant:	▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: ML Number: SID Number: Division _____ Courtroom _____
CONDITIONS OF _____ FOR THE OFFENSE(S) OF _____ GRANTED ON ____/____/____ to ____/____/____	

You shall be supervised by the probation department for a period of _____ months years and shall comply with the following conditions and those listed on the reverse side of this form. You may be supervised in an intensive or alternate probation program, as determined by the probation department, with program specific conditions imposed.

Additional conditions: You shall abide by, participate in, cooperate with, pay any fees required, and successfully complete the following as indicated:

- Community corrections for _____ beginning _____
- Electronic monitoring or Global position monitoring for _____ days
- Jail for _____ beginning _____ with credit for _____ days served
- Work release for _____ beginning _____
- Useful Public Service (UPS) _____ hours
- You shall not contract any financial obligations without approval of your probation officer and/or Collections Investigator
- Support your dependents as stipulated by the court, including child support (e.g. arrangements, payment plans, arrearages)
- You shall comply with all terms and restrictions imposed by any Protection Order
- You shall not consume alcohol
- Substance abuse evaluation/treatment
- Mental health evaluation/counseling or treatment
- Other _____
- Based on your behavior/efforts, Probation is authorized to use the following options, at their discretion, during the period of supervision:

<input type="checkbox"/> Useful Public Service (UPS), up to _____ hours	<input type="checkbox"/> Request early termination
<input type="checkbox"/> Electronic Monitoring (including GPS), up to _____ days	<input type="checkbox"/> Request reduction in UPS hours
<input type="checkbox"/> Curfew	<input type="checkbox"/> Other _____

As a condition of supervision, you shall pay the following amounts:

Victim compensation cost (VCMP)	\$ _____	Drug offender surcharge (DRUG)	\$ _____
Victims assistance surcharge (VAST)	\$ _____	Special advocate surcharge (SPAD/SPAG)	\$ _____
Restitution (REST)	\$ _____	Sex offender surcharge (SXOF)	\$ _____
Time payment fee (TIME)	\$ _____	Youthful offender surcharge (YTHO)	\$ _____
Sheriff costs (ASSF)	\$ _____	Drug standardized assessment fee (DSAS)	\$ _____
Attorney fees (ATYF)	\$ _____	PSI drug testing fee (PDTS)	\$ _____
Supervision fee (SUPV)	\$ _____	Genetic testing (Offender ID Fee) (OFID)	\$ _____
ADDS fee (ALCV)	\$ _____	Public defender fee (PDAR)	\$ _____
Fine (FLNF/MISD)	\$ _____	Child abuse investigation surcharge (CHLD)	\$ _____
Court security fund (CSCF)	\$ _____	Victim address confidentiality surcharge (ADDR)	\$ _____
Court costs - docket fee (CRTX)	\$ _____	Genetic Testing surcharge (GTSC)	\$ _____
LEAF fee (LEAF)	\$ _____	Restorative Justice Service Charge (RJSF)	\$ _____
Rural alcohol & substance abuse surcharge (RYAS)	\$ _____	Other _____	\$ _____
		TOTAL	\$ _____

A Time Payment Fee shall be assessed on your case unless all amounts (excluding supervision fee) are paid when the Order for payment is entered and such fee shall be assessed annually if there remains an outstanding balance. In addition, late payments are subject to late fees, additional collection action, and collection costs. In the event you need financial assistance to comply with the conditions of probation, funds provided may be subject to recovery. A cost of care reimbursement may be assessed in addition to the amounts above and may be a continuing obligation after probation is terminated. The total amount shall be paid to the Clerk of Court at the address listed above according to a payment schedule as determined by the Collections Investigator or at the rate of \$ _____, per _____ (time period), beginning _____ (date).

Judge Date

I have received a copy of these conditions (front and back page) and have read them carefully with full understanding. I understand that if I violate these conditions, I may be brought before the Court for revocation and imposition of sentence.

Defendant _____ Date _____ Probation Officer/Witness _____ Date _____

STANDARD CONDITIONS OF PROBATION

By signing the previous page and placing my initials after every condition, I will abide by the following conditions:

Crime-free lifestyle:

1. I will abide by all local, state and federal laws and will report any contact with law enforcement to my probation officer.

2. I will not harass, molest, intimidate, retaliate against, or tamper with any victims of or any prosecution witnesses to the crime.

3. I will not act as a confidential informant. _____
4. I will not possess or have access to any firearm, explosive or destructive device, or any other dangerous instrument or weapon. _____
5. I will submit to a search of my residence, vehicle or personal effects, including but not limited to any electronic devices, by probation, when there are reasonable grounds to search. I understand my personal property is subject to seizure if it violates any of the terms and conditions of my probation. _____
6. I will not use alcohol (to excess)* or use or possess any illegal, dangerous, or abusable drugs or controlled substances without a prescription. _____
*strike out as appropriate/determined by assessment
7. I will submit to drug and alcohol testing as directed by probation. I understand I am responsible for the costs of testing, unless other arrangements have been made through my probation officer. _____

Treatment:

8. I will actively participate in, cooperate with and successfully complete any referral, evaluation, assessment or recommended program. These programs may include, but are not limited to: placement in a residential or outpatient program, counseling or treatment for drugs or alcohol, mental health, domestic violence, cognitive behavioral, offense specific or anger management. I will sign any necessary releases of information and I understand I am responsible for the costs of treatment and services unless other arrangements have been made through my probation officer. _____

Probation Supervision:

9. I will report to my probation officer for appointments, as directed by the court or the probation office. I understand that my probation officer can visit me at reasonable times at home or elsewhere. I will provide probation safe access to my residence. _____
10. I will notify my probation officer of changes in my address, phone number, employment, or education status. _____
11. I will maintain suitable employment and/or pursue employment, education, or vocational training. _____
12. I will comply with any other requirements of my probation officer in order to meet the conditions imposed by the Court, including answering all reasonable questions asked by my probation officer. _____
13. I will obtain written permission from the court or my probation officer before leaving Colorado. _____
14. If convicted of a felony, I will sign a waiver of extradition agreeing to waive all formal proceedings and return to Colorado in the event I am arrested in another state. _____
15. I will submit to and pay for a genetic marker (DNA) sample as required in §16-11-102.4 C.R.S. _____
16. I will register as a sex offender if convicted of an offense involving unlawful sexual behavior, as required in §16-22-101, et seq. _____

Intensive Programs: If placed in an intensive probation program, the following additional conditions will also apply:

1. I will remain at my residence and comply with any curfew established by my probation officer. _____
2. I will not consume alcohol. _____
3. I will consent to search of my residence, vehicle or personal effects, including but not limited to any electronic devices, at probation's discretion. _____