MEIGS COUNTY OHIO COMMON PLEAS COURT
ADULT PROBATION DEPARTMENT
Judge Linda R. Warner
100 East 2nd Street
Pomeroy, OH 45769
(740)992-6439

CONDITIONS OF SUPERVISION

The following conditions of supervision have been adopted by the Meigs County Court of Common Pleas, Pomeroy Ohio.

It is ordered that all persons placed on community control or probation supervision by the Meigs County Court of Common Pleas to the Adult Probation Department, conform to and obey these conditions.

BY ORDER OF THE MEIGS COUNTY COURT OF COMMON PLEAS.

To:

Docket:

Placement Date:

Scheduled Termination Date:

OCSS ID:

Court Conditions: Community Control

In accordance with authority conferred by Ohio probation laws, you have been placed on probation/community control supervision on this for a period of 60 months by the Honorable Judge Linda R. Warner.

1. _____When reporting to the probation department and when in court, I agree to conduct myself in an orderly manner which includes my not being under the influence of alcohol or other drugs.

2. _____ I will obey federal, state, and local laws and ordinances, including Chapter 2923 of the Revised Code relating to conduct involving firearms and other deadly weapons and all orders, rules, and regulations of the Meigs County Common Pleas Court. I agree to conduct myself as a responsible law-abiding citizen. I understand that if I am convicted of a new felony offense while under community control, the Court may impose an additional prison term consecutive to any prison sentence imposed for the new felony offense.

3. _____ I will report all new arrests, citations, convictions, any and all contact with law enforcement immediately to my probation officer by the next business day.

4. _____ I agree to report to my probation officer as directed.

5. _____ I WILL NOT LEAVE THE STATE of OHIO without written permission from my probation officer and approval from the Court.

6. _____ I will always keep my probation officer informed in writing of my current home address, mailing address, employment, phone number, email, and source of income.

7. _____ I will not purchase, possess, own, use or have under my control any firearms, deadly weapons, ammunition, dangerous ordinance, or chemical spray and any electronic device used to immobilize pyrotechnics and/or explosive devices.

8. _____ You shall not be under the influence of or consume or possess alcohol, or any substance that will induce intoxication or similar physiological effects or be found in any establishment where alcohol is sold and consumed.

9. _____ I will not possess, use, purchase, or have under my control any narcotic drug, other controlled substance, including any instrument, device, or other object used to prepare them for administration, unless it is lawfully recommended to me by a licensed physician. I will inform my probation officer of any such prescriptions and submit them.to any drug testing as required by the court or my probation officer. Medical marijuana recommended by a certified physician must be approved by the Court prior to being sentenced to community control.

10. _____On demand of the probation officer or law enforcement officer, you shall submit a sample of blood, breath, or urine at any time. Refusal to submit, alter the sample or the presence of a controlled substance shall be considered a violation.

11. _____ I authorize the release of information if evaluated or tested for substance abuse or behavioral health needs. I will take any medications as prescribed to me by a treating physician or mental health provider.

12. _____ I shall successfully complete and provide proof of completion of any program to which I am ordered.

13. _____ I agree to a search WITHOUT A WARRANT of my person, personal electronic devices, motor vehicle or place of residence by a probation officer at any time.

14. _____ I will obtain and maintain gainful employment while on probation if physically and mentally able.

15. _____ I agree to pay the court ordered financial obligations including community control supervision fees of **fifty dollars per month**, all child support in which ordered to be pay, all restitution ordered. The Court will permit regular installments on restitution, fees and Court costs; the probation officer will determine the payment schedule.

16. _____I understand that the Conditions of probation/community control may be modified upon approval of the Court and notice to the probationer.

17. _____I will follow all orders, verbal or written, given to me by my supervising officer or other authorized representatives of the Court or the Meigs County Community Corrections Program.

18. _____I will not enter the grounds of any correctional facility nor attempt to visit any prisoner without written permission from my supervising officer. I will not communicate with any prisoner in any manner without obtaining permission from my supervising officer.

19. _____I agree not to associate with persons having a criminal background and/or persons who may have gang affiliation, or who could influence me to engage in criminal activity, without the prior permission of my supervising officer.

I HAVE READ OR HAD READ TO ME THE FOREGOING CONDITIONS OF MY PROBATION/COMMUNITY CONTROL.

I FULLY UNDERSTAND THE CONDITIONS AND AGREE TO COMPLY WITH THEM, UNDERSTANDING THAT VIOLATION OF ANY OF THESE CONDITIONS MAY RESULT IN THE REVOCATION OF MY PROBATION/COMMUNITY CONTROL AND THE ORIGINAL SENTENCE BEING IMPOSED.

I UNDERSTAND THAT ACCORDING TO OHIO REVISED CODE, 5119.27(C), WHILE UNDER SUPERVISION, MY SIGNATURE BELOW SHALL CONSTITUTE THE RELEASE OF MY RECORDS AND INFORMATION RELATING TO MY PROGRESS IN ANY DRUG TREATMENT OR REHABILITATION PROGRAM IN WHICH I PARTICIPATE IN. THE RELEASE OF INFORMATION SHALL BE LIMITED TO THE COURT OR SUPERVISING GOVERNMENTAL PERSONNEL.

IN ADDITION, I UNDERSTAND THAT I WILL BE SUBJECT TO THE FOREGOING CONDITIONS UNTIL I RECEIVE AN ENTRY FROM THE COURT STATING THAT I HAVE BEEN RELEASED FROM FURTHER SUPERVISION.

Defendant _____ Date:_____

Officer: _____ Date:_____