Vermont Department of Corrections

Conditions of Supervision

Offender Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_/\_\_\_/\_\_\_\_\_Supervising Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Risk Management Supervision Level: \_\_\_\_\_\_\_\_\_\_\_\_\_

Listed Offender: Y or N

**Standard Conditions:**

The following Standard Conditions are required of *all* individuals on Furlough and Supervised Community Sentence.

C1. I will not be cited or charged; I will not commit any act punishable by law, including city and municipal code violations.

C2. I will report (within 24 hours) any contact I have with law enforcement to my supervising officer, or designee.

C3. I will not engage in threatening, violent, or assaultive behavior.

C4. I will report to my supervising officer, or designee, as required.

C5. I will allow my supervising officer, or designee, to visit me in my home or place of employment or elsewhere at any time, as necessary.

C6. I will sign a new, or modified, Conditions of Supervision as directed by my supervising officer, or designee.

C7. I will not possess weapons or firearms.

C8. I will not leave the State of Vermont without permission from my supervising officer, or designee.

C9. I will sign any releases, or other documents, necessary for my supervising officer, or designee, to discuss my progress in all of my Department of Corrections required programs, including, but not limited to, alcohol/drug treatment, sex offender treatment, mental health treatment, and risk-reducing and needs based services.

C10. Before any changes occur in my contact information, I will notify my supervising officer, or designee, with current, accurate contact information so that I can be reached by email, phone, place of employment, mailing address, and/or physical address.

C11. I will be accessible to my supervising officer, or designee, via telephone. If I have a cell phone, I will inform my supervising officer, or designee, that I have a cell phone and will set up voicemail so it can be used by my supervising officer, or designee, to leave me messages. I will check my messages daily and respond as directed.

C12. I will not enter or inhabit a residence my supervising officer has denied based on risk to the public and/or my victim(s).

I understand the conditions as marked (X), and I agree to follow them.

Offender’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

VT DOC Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Conditions:**

The following Special Conditions shall be applied on a case-by-case basis and must be based on the risk and needs of the individual. Each imposed condition must be tied to an offender’s criminogenic risk and needs area(s), as indicated by a validated risk instrument or assessment, or the condition must be directly tied to offense history and public safety.

SC13. I will not have any contact with my victim(s) through any means (e.g., letters, phone calls, tapes, videos, visits, communications through electronic media including, but not limited to, email, internet contact, texting, tweeting, communications via social media, etc.  or any form of contact through a third party), unless approved, in advance and in writing, by my supervising officer, or designee. This includes: [*insert victim(s) initials*].

SC14. I will participate as directed in community service work, work crew, or structured work search as directed by my supervising officer, or designee.

SC15. I will participate in electronic monitoring as directed by my supervising officer, or designee. I will not tamper with any electronic monitoring equipment and will be financially responsible if loss, or damage, occurs.

SC16. I will not purchase, possess, or consume illegal drugs and/or regulated drugs without a prescription from a licensed health care professional.

SC17. I will not drink alcohol to the extent that it interferes with my supervision or creates an unsafe situation for myself or others.

SC18. I will submit to a drug screen or alcohol test as directed by my supervising officer, or designee.

SC19. I will actively seek employment or engage in job readiness courses as directed by my supervising officer, or designee.

SC20. I will not associate with any person identified by my supervising officer, or designee, as someone to whom I am an active risk or who may be an active risk to me (e.g., someone actively engaged in criminal behavior).

SC21. I will refrain from the use of alcoholic beverages while on community supervision furlough due to risk-related charges from the past or present, and/or risk area identified through a validated substance use assessment.

SC22. I will continue to reside at an approved residence while on supervision.

SC23. I will abide by any curfew imposed by my supervising officer, or designee. My curfew is: [*insert curfew*].  \_\_\_\_PM to \_\_\_\_AM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(address)

SC24. I will participate in any necessary screening for risk-reducing (e.g. criminogenic risk) and needs-based services to the satisfaction of my supervising officer. I will also complete any recommended services, including residential risk-reducing and needs-based services, deemed necessary by a validated risk instrument or assessment, or determined to be necessary for public safety based on my offense history, to the satisfaction of my supervising officer. This includes the following:

A. Substance use treatment

B. Mental health treatment

C. Domestic violence programming

D. Sex offense treatment programming

NOTICE

1) While I am on Community Supervision Furlough, I am subject to an arrest warrant pursuant to 28 VSA 808e for absconding supervision issued by the Department of Corrections if:

a) I attempt to elude or evade supervision, or

b) I leave the state without permission.

2) Should I violate this agreement by traveling to any jurisdiction in or outside the US, where I may be found, I hereby waive extradition to the State of Vermont. I will not contest any effort by any jurisdiction to return me to the State of Vermont. I may also be subject to re-payment of the cost of extradition for my return.

I understand the conditions as marked (X), and I agree to follow them.

Offender’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

VT DOC Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL CONDITIONS AND PROGRAMMING:**

**Intimate Partner Violence**

SC25. I will attend, participate in, and complete a Department of Corrections recognized program for intimate partner violence risk at my own expense and to the full satisfaction of my supervising officer, or designee.

SC26. I will abide by any Temporary/Final Relief from Abuse Orders and any other Family Court orders that pertain to child visitation and support.

I understand the conditions as marked (X), and I agree to follow them.

Offender’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

VT DOC Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SPECIAL CONDITIONS AND PROGRAMMING:**

**Sexual Risk-Related Conditions**

SC27. I will successfully enroll in, participate in, and complete a treatment program for individuals who have exhibited sexually harmful behavior as directed by my supervising officer, or designee, and as approved by the Department of Corrections, and I will assume the costs of treatment.

SC28. I will execute releases authorizing my sex offender treatment and any other treatment provider(s) to have unrestricted communications with my supervising officer or designee, the State’s Attorney’s Office, and the Court about my participation in sex offender and any other required treatment, including but not limited to my attendance, level of participation, and information that relates to evaluating whether I have successfully participated in and completed treatment, or in the interest of public safety.

SC29. I will not purchase, possess, or use pornography, or erotica, or go to adult bookstores, sex shops, topless bars, etc., unless approved in advance by my supervising officer, or designee.

SC30. I will not access, or loiter in, places where children congregate (e.g, parks, playgrounds, schools) unless otherwise approved in advance by my supervising officer, or designee.

SC31. I will not allow any **male** or **female** or **male and female** **(check just one box)** passengers to ride in my vehicle, unless otherwise approved in advance by my supervising officer, or designee.

SC32. I will not own, possess or use a camera, recorder, cell phone, or other electronic devices that have recording and/or internet capabilities, without prior permission of my supervising officer, or designee.

SC33. I will give my supervising officer or designee, search and seizure privileges to search my persons and/or property without a warrant and confiscate pornography, erotica, digital media, computer, cellular telephone, iPad, electronic notebook, Smart TV, Smart Watch, etc. or any other item which may constitute a violation of my conditions.

SC34. I will submit to, and pay for, periodic polygraph examinations at the direction of my supervising officer, or designee. These polygraph examinations will be used to determine my compliance with supervision and treatment requirements.

SC35. I will surrender any digital or electronic devices, media, or computers to my supervising officer or designee, for forensic examination, as directed by my supervising officer, or designee. If so directed, I will allow my supervising officer, or designee, to monitor my use of these devices and the internet. I will assume all expenses for monitoring and abide by any computer and internet use contracts if so directed by my supervising officer, or designee.

SC36. I will not initiate or maintain contact with **male** or **female** or **male and female** **(check just one box)** persons under the age of **16** year or **18** years **(check just one box)**, unless otherwise approved in advance and in writing by my supervising officer, or designee. Said contact may require the accompaniment of a responsible adult and approval by my supervising officer, or designee. Contact includes any communications through electronic media encompassing, but not limited to, email, internet contact, texting, tweeting, and communications via social media.

SC37. I will not work or volunteer for any business or organization that provides services to persons under the age of of **16** year or **18** years **(check just one box)**, unless otherwise approved in advance by my supervising officer, or designee.

SC38. I will not work or volunteer for any business or organization that provides services to vulnerable adults unless otherwise approved in advance by my supervising officer, or designee.

SC39. I will inform any persons identified by my supervising officer or their designee of my conviction(s) and conditions of supervision, and I will inform my supervising officer or their designee of any individuals with whom I have a significant relationship or close affiliation.  My supervising officer, or designee, will determine who shall be informed of my offending history and conditions of supervision.

SC40. I will not participate in friendships or relationships with individuals who have children, unless otherwise approved in advance by my supervising officer, or designee.

SC 41. I will not reside where children reside or within 300 feet of where children congregate (e.g., parks, playgrounds, schools) unless otherwise approved in advance by my supervising officer, or designee.

SC42. I will not reside where vulnerable adults reside or where vulnerable adults congregate, i.e., nursing homes, assisted housing, etc., unless otherwise approved in advance by my supervising officer, or designee.

SC43. I will not engage in employment or volunteering unless it has been pre-approved by my supervising officer, or designee.

I understand the conditions as marked (X), and I agree to follow them.

Offender’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

VT DOC Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_