

Standard and Special Conditions of Parole New - 12/2025

I, __[Parolee Name]_____, understand that I have been granted the privilege of parole by the Utah Board of Pardons and Parole ("Board"), effective __[Parole Date]_____. [Utah Code §77-27-5]

GENERAL NOTICES I AGREE TO:

1. By accepting parole I agree to follow all laws, the laws governing parolees [Utah Code §77-27-10], and the parole agreement.
2. I understand that my successful completion of parole depends on following all the terms and conditions of this Parole Agreement.
3. I understand that if my parole conditions include drug treatment or testing, I will be required to sign an appropriate waiver which allows my parole officer to receive information regarding my treatment and testing. I understand that AP&P will share information about me and my performance on parole with the Board.
4. I understand that the Board can revoke (take back) my parole if I engage in criminal behavior or violate any of my parole conditions.
5. I understand that if my parole is revoked, I may have to serve the rest of my sentence in prison. [Utah Code §76-3-202(4)]
6. I understand that the Board can issue a warrant and hold a parole revocation hearing if they find that I willfully gave false or inaccurate information that was important in their decision to grant me parole or if I was involved in criminal activity before my parole that the Board did not know about when they made their decision. [Utah Code §77-27-10(1)(b)]
7. I understand that if I fully comply with my parole agreement, my Case Action Plan, and pay my restitution, the Board may terminate my parole and discharge my sentence earlier than the maximum length of my parole, in its discretion or pursuant to AP&P's earned early termination program. [Utah Code §64-13-21(7)]
8. I understand that my parole and supervision will include the standards and requirements of the responses and incentives created by the Utah Sentencing Commission. [Utah Code §63M-7-404]

FINANCIAL NOTICES I AGREE TO:

9. I will pay any costs related to my time at a community corrections center. [Utah Code §77-27-6(3)]

10. I understand that I am required to pay a supervision fee unless the fee is waived by AP&P. [Utah Code §64-13-21(3)]

11. I will pay all restitution obligations ordered by my sentencing court or by the Board.

2025 Parole Conditions

Standard Conditions:

1. **COMPLIANCE:** I will be cooperative, compliant, and truthful in all dealings with AP&P. I will comply with my Case Action Plan.
2. **ABSCOND:** I will not abscond from supervision. This includes leaving the jurisdiction, moving my residence without telling AP&P, and concealing my location from AP&P.
3. **CONDUCT:**
 - a. I will obey all federal, state and local laws and all court orders.
 - b. I will cooperate with the Board and UDC in furtherance of my supervision.
 - c. I will not associate with any person who is involved in criminal activity.
 - d. I will not associate with convicted felons without prior approval of AP&P.
 - e. If I have contact with law enforcement, I will notify AP&P as soon as possible, but not later than 24 hours after the interaction.
4. **WEAPONS:** I will not buy, own, use, have, or control any dangerous weapon including but not limited to a firearm or replica, explosives, ammunition, bows, arrows, or crossbows. I will not have these items in or on my property, person, or vehicle, or any property or vehicle I visit or am a passenger in.
5. **SUBSTANCE USE/TESTING:** I will not consume or possess illegal substances. I will take tests of breath, urine, blood, or hair when asked by AP&P.
6. **CONTACT:** I will not have contact with any victim or co-defendant of my current commitment or supervised offenses, without the prior approval of AP&P. I will follow a more specific special and/or group no contact condition if I have one.
7. **REPORTING:**
 - a. I will report to AP&P on the day I am released from prison unless otherwise directed.
 - b. I will report as directed by AP&P.
 - c. I will not leave the state of Utah, even briefly, or any other state to which I am released or transferred, without prior written permission from AP&P.
8. **PAROLE VISITS:** I will permit AP&P to visit my residence or other place where I am present, and conduct searches and seizures according to state law. I will not try to avoid or interfere with these visits including, but not limited to, refusing to answer the door, security systems, allowing aggressive animals on the property, etc.
9. **SEARCH:**
 - a. I understand that while I am on parole, any authorized UDC employee can search me, my things, vehicle, residence, or other property, including, but not

limited to electronic devices under my control without a warrant or cause at any time, day or night.

- b. I also understand that any law enforcement officer can search me, my things, vehicle, residence, or other property under my control with permission of any authorized UDC employee.

10. RESIDENCE:

- a. I will live at the approved address listed with AP&P. I will not change, live, or stay at any other location without prior approval from AP&P.
- b. If I do not have an approved residence at the time of my release or at any time during my parole, I agree to enter into an UDC CCC.

11. CURFEW: I will follow the curfew set by AP&P in accordance with policy and the standards of supervision.

12. EMPLOYMENT: I will get and keep approved lawful verifiable employment, 30 hours a week minimum, unless otherwise directed by AP&P. I will notify AP&P within 72 hours of any change in my employment.

13. TREATMENT RELEASE OF INFORMATION: I will sign a release of information at any treatment program I attend so they can share information with AP&P.

Group Special Conditions

Substance Use Conditions:

1. I will not use, possess, consume, or have access to alcohol.
2. I will follow all recommendations in my most current substance use evaluation, which may include prescribed medication, and ongoing treatment recommendations.
3. I will not change treatment providers without prior approval from AP&P.

Mental Health Conditions:

1. I will follow all recommendations in my most current mental health evaluation and ongoing treatment recommendations including taking all medications and following my treatment regimen as prescribed.
2. I will not change treatment providers without prior approval from AP&P.

Dual Diagnosis Substance Use and Mental Health Conditions:

1. I will not use, possess, consume, or have access to alcohol.
2. I will follow all recommendations in my most current mental health/substance use evaluation, which may include medication assisted treatment (MAT), and ongoing treatment recommendations.
3. I will take all medications and follow my treatment regimen as prescribed.
4. I will not change treatment providers without prior approval from AP&P.

Gang Conditions:

1. I will not associate with known gang members or go places where gang members are, without prior approval from AP&P.
2. I will not engage in gang activity or behaviors.

3. I will not go to any school unless I have prior approval from AP&P or I am a registered student and it is during class hours.

Immigration Conditions:

1. I will go to ICE (Immigration and Customs Enforcement) for deportation proceedings.
2. **(a) If Deported by ICE:** I will not stay in Utah or the United States. I will not come back to Utah or the United States, without permission of the government of the United States.
(b) I understand that the Board will issue a warrant for my arrest at the request of AP&P. I agree to the entry of the warrant and voluntarily waive my right to contest that it is supported by probable cause for the warrant. I understand that immigration status is the cause for the warrant and if I am released to ICE custody but found in the United States without having reported to AP&P, there is probable cause to believe I have remained or returned to the United States without permission of the government.
3. **If Not Deported by ICE:** I will report to Utah AP&P within 48 hours of release from ICE custody for determination and imposition of additional parole conditions.

Domestic Violence Conditions:

1. I will complete a domestic violence evaluation and recommended intervention through a licensed provider.
2. I will follow all Department of Child and Family Services (DCFS) orders.
3. I will not use, possess, consume, or have access to alcohol.

Nursing Home/Assisted Living Facility Conditions:

1. I will follow all facility rules and cooperate with staff. I must get prior approval from AP&P to leave or be discharged.

Financial Standards Conditions:

1. **Employment:** I will maintain lawful, full-time verifiable employment, the nature and duties of which shall be disclosed to and approved by AP&P.
2. **Restitution Payment:** I will make regular, monthly payments toward restitution obligations. The amount of each payment must be at least \$50, unless the court or Board have ordered me to pay a different monthly amount. If I was sentenced before July 1, 2021, AP&P may order higher monthly payments as determined by considering my actual and potential ability to pay and the restitution owed.
3. **Prohibited Activities:** I will not:
 - a. engage in any act, activity, position, employment or other capacity where I am in a fiduciary capacity or other relationship of trust for or on behalf of any other person, group of persons or business, corporate or charitable organization.
 - b. solicit, invest, manage, control, or pledge any funds from any other person, group of persons or business, corporate or charitable organization.
 - c. acquire any new debt or financial obligation, or enter into any financial contract, arrangement, loan, or credit transaction without the express written permission of AP&P.

- d. access, use, or control any assets, funds, property or financial information of any other person, without the prior express written permission of the other person and AP&P.
 - e. be employed by, employ, associate with or have any contact with any prior or current co-defendant or any person previously listed as a party or victim of record in any criminal or civil case filed against me.
4. **Financial and Asset Disclosure:** Every six (6) months, or upon the request of AP&P, I will furnish full, complete, truthful and accurate financial and asset information and documents to AP&P or any state or local official, attorney, agent or victim who is attempting to collect restitution.
 5. **Litigation or Claims:** I will immediately notify AP&P of any pending civil action against me or any organization or entity of which I am or was a manager, supervisor, investor, agent, principal, owner or partner, including any civil action in which I am or was named as a party, or subpoenaed as a witness.
 6. **Electronic Searches:** I will allow AP&P or other trained person acting on behalf of AP&P to conduct searches of my computers, computer records, hard drives, storage devices and other electronic and/or digital media owned by, provided for the use of, or otherwise utilized by me, and I will furnish any other documents and/or proofs relevant to the adequate analysis of my finances. The person conducting such a search may include third parties who are not employees of AP&P.
 7. **Financial Audit:** Upon the request of AP&P, I may be required to obtain, cooperate in or submit to an independent financial audit, at my own expense, and performed by a qualified professional approved by AP&P.
 8. **Counseling:** At the direction of AP&P, I may be required to participate in and successfully complete: economic crime or theft counseling, education, or treatment; victim empathy classes or groups; or issue-specific or maintenance polygraph examinations.

Sex Offender Conditions:

Group A

1. INTERNET:

- a. I will submit to searches and monitoring of electronic devices under my control. I will provide AP&P access to all electronic devices upon request, I will not conceal, delete or encrypt electronic data without prior approval of AP&P.
- b. I will not use social media or dating sites or engage in peer to peer communications on the internet without prior approval from AP&P.
- c. I will let AP&P know every electronic device I have access to.

2. **EVALUATION/TREATMENT:** I will follow all recommendations in my most current sex offender evaluation and ongoing treatment recommendations. I will not change treatment providers without prior approval from AP&P.
3. **ELECTRONIC MONITORING:** I will successfully complete electronic monitoring when required by AP&P.
4. **CONTACT:** I will not have contact with any victim or co-defendant of my current commitment or supervised offenses, without the prior approval of AP&P. I will not have direct or indirect contact with the victim(s) or victim's family without prior approval from AP&P.
5. **SEXUAL STIMULUS MATERIAL:** I will not possess, view, access, or have under my control any material that acts as a sexual stimulus without prior approval from AP&P.
6. **POLYGRAPH:** I will submit to random polygraph examinations as directed by AP&P.
7. **RELATIONSHIPS WITH CHILDREN AT HOME:** I will not enter into any relationship with anyone who has children under 18 living at home without prior approval from AP&P.
8. **DO NOT CONTACT CHILDREN:** I will not have contact with children under the age of 18 without prior approval of AP&P.
9. **DO NOT GO WHERE CHILDREN GATHER:**
 - a. I will follow all laws regarding protected areas and not go to protected areas such as schools, playgrounds, parks.
 - b. I will not go to places or events where children gather such as arcades, parties, family events, holiday celebrations, amusement parks, or any other place where children are likely to gather without prior approval of AP&P.
10. **ENTERTAIN/LURE:** I will not have any items meant to entertain, lure, or attract children under 18 without prior approval from AP&P.

Group B

1. **INTERNET:**
 - a. I will submit to searches and monitoring of electronic devices under my control. I will provide AP&P access to all electronic devices upon request. I will not conceal, delete or encrypt electronic data without the prior approval of AP&P.
 - b. I will not use social media or dating sites or engage in peer to peer communications on the internet without prior approval from AP&P.

- c. I will let AP&P know every electronic device I have access to.
- 2. **EVALUATION/TREATMENT:** I will follow all recommendations in my most current sex offender evaluation and ongoing treatment recommendations. I will not change treatment providers without prior approval from AP&P.
- 3. **ELECTRONIC MONITORING:** I will successfully complete electronic monitoring when required by AP&P.
- 4. **CONTACT:** I will not have contact with any victim or co-defendant of my current commitment or supervised offenses, without the prior approval of AP&P. I will not have direct or indirect contact with the victim(s) or victim's family without prior approval from AP&P.
- 5. **SEXUAL STIMULUS MATERIAL:** I will not possess, view, access, or have under my control any material that acts as a sexual stimulus without prior approval from AP&P.
- 6. **POLYGRAPH:** I will submit to random polygraph examinations as directed by AP&P.

Group C

- 1. **ELECTRONIC DEVICES:** I will let AP&P know every electronic device I have access to.
- 2. **EVALUATION/TREATMENT:** I will follow all recommendations in my most current sex offender evaluation and ongoing treatment recommendations. I will not change treatment providers without prior approval from AP&P.
- 3. **ELECTRONIC MONITORING:** I will successfully complete electronic monitoring when required by AP&P.
- 4. **CONTACT:** I will not have contact with any victim or co-defendant of my current commitment supervised offenses, without the prior approval of AP&P. I will not have direct or indirect contact with the victim(s) or victim's family without prior approval from AP&P.
- 5. **POLYGRAPH:** I will submit to random polygraph examinations as directed by AP&P.
- 6. **RELATIONSHIPS WITH CHILDREN AT HOME:** I will not enter into any relationship with anyone who has children under 18 living at home without prior approval from AP&P. This does not apply to my own relatives under 18 unless they are part of a no contact condition.

Habitual Offender Conditions:

PAROLE CONDITIONS: I will follow all standard and special conditions in my parole agreement.

SUPERVISION LEVEL: I understand my level of supervision may be increased, through an administrative override, if deemed appropriate by AP&P.

SUBSTANCE USE CONDITIONS:

1. I will not use, possess, consume, or have access to alcohol.
2. I will follow all recommendations in my most current substance use evaluation, which may include prescribed medication, and ongoing treatment recommendations.
3. I will not change treatment providers without prior approval from AP&P.

MENTAL HEALTH CONDITIONS:

1. I will follow all recommendations in my most current mental health evaluation and ongoing treatment recommendations including taking all medications and following my treatment regimen as prescribed.
2. I will not change treatment providers without prior approval from AP&P.

ALCOHOL MONITORING DEVICE: I will comply with ankle monitoring for the detection of alcohol use as deemed necessary by AP&P.

TRANSITIONAL RESIDENCE: If I lose my residence or my residence is found to be unsuitable by AP&P, I agree to enter a CCC, until a new address is submitted and approved by AP&P.

CCC STABILIZATION: I will enter a CCC until stabilized as directed by AP&P, which may include GPS monitoring.

DETOX PROGRAM: I agree to enter into and complete a detoxification program for the recommended length of stay, as directed by AP&P.

COMPETENCY REVIEW: I agree to a clinical assessment, as directed by AP&P, by the Department of Health and Human Services and the relevant Local Mental Health Authority at any time clinically appropriate or at least 3 months before my parole is terminated.

General Special Conditions:

CCC MHSS PROGRAM: I will successfully complete the CCC MHSS Program with outpatient follow up, which may include GPS monitoring.

CCC PROGRAM: I will successfully complete a CCC Program, which may include GPS monitoring.

CCC STABILIZATION: I will enter a CCC until stabilized as directed by AP&P, which may include GPS monitoring.

CCC SEX OFFENDER PROGRAM: I will successfully complete a CCC Sex Offender Program, which may include GPS monitoring.

CCC WORK PROGRAM: I will successfully participate in the CCC Work Program until [date] and comply with the CCC Work Program Contract.

EDUCATION/VOCATIONAL: I will successfully complete educational and/or vocational training or other training if I do not have full-time employment or directed by AP&P.

PROGRAM/TREATMENT: I will enter, participate in, and complete [program name] as directed by AP&P.

PROGRAM/CBT: I will complete Cognitive Behavioral Therapy (CBT), as directed by AP&P.

MENTAL HEALTH EVALUATION: I will complete a mental health evaluation and recommended treatment.

NOTIFY AP&P OF MEDICATIONS: I will notify AP&P of all prescriptions.

PRESCRIPTION MEDICATION: I will take all medications and follow any treatment regimen I am prescribed.

ALCOHOL: I will not use, possess, consume, or have access to alcohol.

DUI: I will not operate a motor vehicle without an installed ignition interlock device or other alcohol monitoring device as directed by AP&P.

GPS MONITORING: I will successfully complete a GPS monitoring program as directed by AP&P.

EXTRADITION: I will pay extradition costs of \$[amount].

PAY RESTITUTION: I will pay restitution of \$[amount] to [payee] in reference to Case #[case number].

NO CONTACT/CHILDREN: I will not have verbal, written, or direct contact with the victim(s) or any children under the age of [age] until approved by a therapist and AP&P. When approved, all contact will be supervised by an adult who knows about the offense and is approved by AP&P and the therapist.

NOT RESIDE ON RESERVATION: I will not reside on a Native American Indian reservation or in Indian Country without prior approval of AP&P.

SPECIAL CONTACT CONDITIONS: I will not have contact with any victim or co-defendant of my current commitment or supervised offenses, without prior approval of AP&P. [fill in special condition]

OTHER: [modify condition title and fill in additional special condition].: [modify condition title and fill in additional special condition].

PV PROGRAM PHASE I: I will participate in the Parole Violator Program - Phase I - at the [facility name] (not to exceed [# of days] days) as directed by AP&P beginning on [date].

PV PROGRAM PHASE II: I will participate in the Parole Violator Program - Phase I - at the [center name] Center not to exceed [#days] days which may include GPS monitoring, and participate in programming as directed by AP&P beginning on [date].

PROFITING FROM CRIME: I understand that I can not make money or gain other benefits by sharing the details of my crime.