

# Standard and Special Conditions of Parole

## Standard Parole Conditions

1. **Compliance:** I will comply with my Parole Agreement and my Case Action Plan.
2. **Reporting:** I will report to Adult Probation and Parole (AP&P) on the day I am released from prison. While on parole, I will report as directed. I will not leave Utah, or any other state to which I am transferred, without prior written permission from my parole agent.
3. **Conduct:** I will obey all federal, state and local laws and all court orders. I will not associate with any person who is involved in criminal activity.
4. **Contact:** I will obey all federal, state and local laws and all court orders. I will not associate with any person who is involved in criminal activity.
5. **Residence:**
  - a. I will establish a residence of record, and I will not change my residence without the prior approval of my parole agent. I will permit my parole agent to visit my residence or other place where I am present, and conduct searches and seizures according to state law.
  - b. If I do not have a residence approved at the time of my parole, I agree to enter an AP&P community center, which may include GPS monitoring, until I have an approved residence.
6. **Weapons:** I will not purchase, possess, own, use, or have under my control, any explosive, firearm, ammunition, or dangerous weapon, including archery equipment or crossbows.
7. **Restitution:** I will pay all restitution obligations ordered by my sentencing court or by the Board.
8. **Substance Testing:** I will submit to testing of breath, body fluids, or hair as directed by AP&P if I have been ordered any substance abuse related special condition.
9. **Absconding:** I will not abscond or flee from parole.
10. **Notice A:** 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 compliance program as established in Utah Code §64-13-21(7).
11. **Notice B:** If I have no approved residence on the day of my scheduled release from prison, the Board may rescind and delay my parole. My parole may be delayed until I have an approved residence.
12. **Notice C:** Pursuant to state law [Utah Code §77-27-10(1)(b)], the Board may issue a warrant and conduct a parole revocation hearing if the Board determines I willfully provided false or inaccurate information to the Board that it finds was significant in the Board's determination to

grant parole; or if I engaged in criminal conduct prior to my parole; and the Board did not have information regarding the conduct at the time parole was granted.

13. **Notice D:** My parole and supervision will include the standards and requirements of the responses and incentives created by the Utah Sentencing Commission pursuant to Utah Code §63M-7-404.
14. **Notice E:** Pursuant to state law [Utah Code §64-13-21(3)], I am required to pay a supervision fee, unless the fee is waived by AP&P.
15. **Notice F:** Pursuant to state law [Utah Code §77-27-6(3)], I will reimburse AP&P, as restitution, the costs incurred arising out of my stay at an AP&P community center.
16. **Notice G:** Pursuant to state law [Utah Code §77-23-301], while I am on parole I am subject to search and seizure of my person, property, place of temporary or permanent residence, vehicle, or personal effects by a parole officer or by any other law enforcement officer at any time (with or without a search warrant, and with or without cause); however a law enforcement officer who is not my parole officer must either have prior approval from a parole officer or have a warrant for a search of, or seizure from, my residence.
17. **Notice H:** If I violate any of the conditions of my parole, the Board may issue a warrant and return me to prison; or the Board may impose other sanctions, which may include amended or additional conditions, programming, or restrictions; re-starting parole; incarceration in a jail; or placement in an AP&P community center or other treatment facility.
18. **Notice I:** I understand that state law [Utah Code §76-3-202(4)] provides that if my parole is revoked I may be required to serve the remaining balance of my sentence.

### **Group Special Conditions**

#### **Substance Abuse Conditions:**

1. Complete a Substance Abuse evaluation and comply with all recommendations indicated in the evaluation.
2. Screen for medically assisted treatment, if appropriate and available.
3. Do not use, possess, consume, or have access to alcoholic beverages.
4. Do not patronize or frequent any establishment or place of business where alcohol is the chief or major item of order or consumption.
5. Submit to testing of breath, body fluids, or hair as directed by AP&P.
6. Do not change treatment provider without AP&P's permission.

#### **Financial Standard Conditions:**

1. **Employment:** I will maintain lawful, full-time verifiable employment; the nature and duties of which shall be disclosed to and approved by my assigned parole agent.

2. **Restitution Payment:** I will make regular, monthly payments toward restitution obligations. The amount of each payment must be at least \$75. My parole agent 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 my assigned parole agent.
  - 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 my assigned parole agent.
  - 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:** Upon the request of my parole agent, I will furnish full, complete, truthful and accurate financial and asset information and documents to my parole agent or any state or local official, attorney, agent or victim who is attempting to collect restitution.
5. **Litigation or Claims:** I will immediately notify my assigned parole agent 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 my parole agent 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 my assigned parole agent or 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 my parole agent, 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.

**Prescription Drug Abuse Conditions:**

1. Inform all treating dental or medical providers of substance abuse history and of all current prescriptions.
2. Screen for medically assisted treatment, if appropriate and available.
3. Notify AP&P of all prescriptions received or obtained; and of all prescription medicines in your possession or which you consume.
4. Complete a Substance Abuse evaluation and comply with all recommendations indicated in the evaluation.
5. Do not use, possess, consume, or have access to alcoholic beverages.
6. Do not patronize or frequent any establishment or place of business where alcohol is the chief or major item of order or consumption.
7. Submit to testing of breath, body fluids, or hair as directed by AP&P.
8. Do not change treatment provider without AP&P's permission.

**DUI Conditions:**

1. Complete a Substance Abuse evaluation and comply with all recommendations indicated in the evaluation.
2. Screen for medically assisted treatment, if appropriate and available.
3. Do not use, possess, consume, or have access to alcoholic beverages.
4. Do not patronize or frequent any establishment or place of business where alcohol is the chief or major item of order or consumption.
5. Do not operate a motor vehicle without an installed ignition interlock device.
6. Submit to testing of breath, body fluids, or hair as directed by AP&P.
7. Do not change treatment provider without AP&P's permission.

**Alcohol Conditions:**

1. Do not use, possess, consume, or have access to alcoholic beverages.
2. Screen for medically assisted treatment, if appropriate and available.
3. Do not patronize or frequent any establishment or place of business where alcohol is the chief or major item of order or consumption.
4. Submit to testing of breath, body fluids, or hair as directed by AP&P.

**Immigration Conditions:**

1. Submit to ICE (immigration) authorities for deportation proceedings.

2. *If Deported by ICE authorities:* Do not remain in, or return to, Utah or the United States of America, without lawful permission of the government of the United States.
3. *If Not Deported by ICE authorities:* Report to Utah Adult Probation & Parole within 48 hours of release from ICE custody for determination and imposition of additional parole conditions.

### **Electronic Monitoring Conditions:**

1. **Curfew:** Be at place of residence between the hours of the designated curfew times every day of the week unless otherwise approved by the supervising AP&P Officer, and comply with the confinement schedule and the confinement area.
2. **Disconnect Phone:** Not disconnect the telephone line, power cord, or tamper with the transmitter in any way without prior authorization from the supervising AP&P Officer or the Electronic Monitoring Staff.
3. **Home Monitoring Unit:**
  - a. Not move the Home Monitoring Unit (HMU) without prior authorization from the supervising AP&P Officer or the Electronic Monitoring Staff.
  - b. Not physically abuse the electronic monitoring equipment; i.e. Home Monitoring Unit (HMU), transmitter or band. If the HMU, transmitter or band is lost, damaged or tampered with; understand responsibility for the replacement and/or repair cost of the equipment.
4. **Provide Phone Line:** Understand the Electronic Monitoring Program requires provision, at personal expense, of a phone line for the use of the HMU. Understand the HMU may cause some disturbance with existing phone line.
5. **Phone Services:** Understand the phone line may not have Call Waiting, Call Forwarding, Voice Mail or Caller ID; nor an answering machine, cordless phone, fax machine, computer modem or cellular phone used on the phone line. Bring copies of phone bill to the supervising agent on a monthly basis for verification if needed.

### **Mental Health Conditions:**

1. Complete a Mental Health Evaluation and comply with all recommendations indicated in the evaluation.
2. If prescribed by a treating mental health professional, or if recommended in the Mental Health Evaluation, take all prescribed mental health medications and comply with any other treatment regimen.

3. Submit to testing of breath, body fluids, or hair as directed by AP&P.

**Dual Diagnosis Mental Health & Substance Abuse (DD M.H./S.A.):**

1. Complete a combined Mental Health/Substance Abuse Evaluation and comply with all recommendations indicated in the evaluation.
2. Screen for medically assisted treatment, if appropriate and available.
3. If prescribed by a treating mental health professional, or if recommended in the Mental Health Evaluation, take all prescribed mental health medications and comply with any other treatment regimen.
4. Do not use, possess, consume, or have access to alcoholic beverages.
5. Do not patronize or frequent any establishment or place of business where alcohol is the chief or major item of order or consumption.
6. Submit to testing of breath, body fluids, or hair as directed by AP&P.
7. Do not change treatment provider without AP&P's permission.

**Dual Diagnosis Mental Health & DUI (DD M.H./DUI):**

1. Complete a combined Mental Health/Substance Abuse Evaluation and comply with all recommendations indicated in the evaluation.
2. Screen for medically assisted treatment, if appropriate and available.
3. If prescribed by a treating mental health professional, or if recommended in the Mental Health Evaluation, take all prescribed mental health medications and comply with any other treatment regimen.
4. Do not use, possess, consume, or have access to alcoholic beverages.
5. Do not patronize or frequent any establishment or place of business where alcohol is the chief or major item of order or consumption.
6. Submit to testing of breath, body fluids, or hair as directed by AP&P.
7. Do not operate a motor vehicle without an installed ignition interlock device.
8. Do not change treatment provider without AP&P's permission.

**Dual Diagnosis Mental Health & Prescription Drug (DD M.H./Rx):**

1. Complete a combined Mental Health/Substance Abuse Evaluation and comply with all recommendations indicated in the evaluation.
2. Screen for medically assisted treatment, if appropriate and available.
3. If prescribed by a treating mental health professional, or if recommended in the Mental Health Evaluation, take all prescribed mental health medications and comply with any other treatment regimen.
4. Inform all treating dental or medical providers of substance abuse history and of all current prescriptions.
5. Notify AP&P of all prescriptions received or obtained; and of all prescription medicines in your possession or which you consume.

6. Do not use, possess, consume, or have access to alcoholic beverages.
7. Do not patronize or frequent any establishment or place of business where alcohol is the chief or major item of order or consumption.
8. Submit to testing of breath, body fluids, or hair as directed by AP&P.
9. Do not change treatment provider without AP&P's permission.

### **Gang Activity Restrictions (“Gang Clauses”):**

1. Do not associate with any known gang member.
2. Do not wear, display, use or possess any insignias, emblems or clothing associated with a specific gang(s) including, but not limited to: belt buckles, jewelry, caps/hats, jackets, shoes/shoe laces, scarves/bandanas, shirts inscribed "In Memory Of" a deceased or incarcerated gang member, or other articles of clothing modified to represent a particular gang(s).
3. Do not display any gang signs, gestures or any posturing associated with any specific gang(s).
4. Do not have in my possession any written materials, documents, computer data, photographs which give evidence of gang involvement or activity such as: (1) membership or enemy lists, (2) articles which contain or have upon them gang-associated graffiti, drawings or lettering, (3) photographs or newspaper clippings of gang members, gang crimes or activities including obituaries, (4) photographs of myself in gang clothing, demonstrating hand signs or holding weapons.
5. Do not have in my possession or under my control spray paint, spray can tips, large marking pens or other items commonly used to create graffiti, or tagger magazines.
6. Do not frequent places where known gang members congregate.
7. Do not appear in court or at a court building where other known gang member(s) are present and/or where a judicial proceeding involving a gang member is in progress, unless you are a party to proceedings in that court or unless you have been subpoenaed to appear.
8. Do not visit or frequent any school ground unless I am a student registered at that school and present during appropriate class hours.
9. Do not have in my possession, in my custody, under my control, in a vehicle in which I am a passenger, or on the premises where I reside: (1) any firearm or replica thereof, (2) ammunition, or (3) dangerous weapon (any item which, in the manner of its use or intended use, is capable of causing death or serious bodily injury), and further, I shall not associate with, or be in the company of, any individual who has firearms or dangerous weapons in their possession or under their control
10. Do not be involved in activities in which, or frequent places at which, firearms or dangerous weapons are used, legally or otherwise.

11. Abide by a curfew, and be present at all times in my residence of record, between the hours of 1900 and 0600 unless otherwise authorized; i.e. for verified employment or education.
12. Do not own, possess, maintain or raise vicious dogs, nor keep them on the premises where I reside.

**Nursing Home/Assisted Living Facility (“Nursing Home Conditions”):**

1. Abide by all rules and regulation of the assisted living facility, including, but not limited to, visiting rules stipulated in the conditions of release.
2. Cooperate with requests of assisted living facility staff.
3. Parole is contingent upon parolee’s continued need for nursing and/or rehabilitative care at an assisted living facility.
4. Parole is contingent upon parolee’s residence at the assisted living facility.
5. The parolee is not to leave the assisted living facility for any activity without prior approval from Adult Probation and Parole.
6. The parolee is not to be discharged from the assisted living facility or transferred to an alternative residence without prior approval from the Board of Pardons.

**Group A Sex Offender Conditions:**

1. **Therapy:** Submit to an evaluation, and successfully complete sex offender therapy as determined by the treating facility, therapists, and the Department of Corrections.
2. **Curfew:** Enter into and successfully complete established progressive curfews or electronic monitoring where available, when required by AP&P.
3. **Victim Contact:** Have no direct or indirect contact with victim(s) or victim's family without prior approval from AP&P.
4. **Children Under 18:** Have no contact or association with children under the age of 18 without prior written approval of AP&P.
5. **Not Date:** Not date persons with children residing at home under the age of 18 without prior written approval of AP&P.
6. **Children Congregate:** Not enter places or events where children congregate including, but not limited to: schools, playgrounds, parks, arcades, parties, family functions, holiday festivities or any other place or function where children are present or reasonably expected to be.
7. **Sexual Stimulus Material:** Not have in my possession or under my control any material that acts as a sexual stimulus for my particular deviancy(s) including, but not limited to: computer programs, computer links, photographs, drawings, video tapes, audio tapes,

magazines, books, literature, writings, etc. without prior approval from AP&P.

8. **Exploitive Material:** Not have in my possession or under my control any material that describes or depicts human nudity, the exploitation of children, consensual sex acts, non-consensual sex acts, sexual acts involving force or violence including, but not limited to: computer links, photographs, drawings, video tapes, audio tapes, magazines, books, literature, writings, etc. without prior approval from AP&P.
9. **Entertain/Lure:** Not have in my possession or under my control any items or materials either designed for, or used to, entertain, lure or attract the attention of children under the age of 18 without prior written approval from AP&P.
10. **Polygraph:** Submit to random polygraph examinations.
11. **Employment:** Employment must be approved by AP&P.
12. **Residence:** Residence and residence changes must be approved by AP&P.
13. **Interstate Compact:** Execute and adhere to the terms of the Interstate Compact Waiver and Agreement if probation or parole is served outside the state of Utah.
14. **Registration/Dna:** Comply with requirements of the Utah Sex Offender Registration and DNA specimen requirements.

#### **Group B Sex Offender Conditions:**

1. **Therapy:** Submit to an evaluation, and successfully complete sex offender therapy as determined by the treating facility, therapists, and the Department of Corrections.
2. **Curfew:** Enter into and successfully complete established progressive curfews or electronic monitoring where available, when required by AP&P.
3. **Victim Contact:** Have no direct or indirect contact with victim(s) or victim's family without prior approval from AP&P.
4. **Sexual Stimulus Material:** Not have in my possession or under my control any material that acts as a sexual stimulus for my particular deviancy(s) including, but not limited to: computer programs, computer links, photographs, drawings, video tapes, audio tapes, magazines, books, literature, writings, etc. without prior approval from AP&P.
5. **Exploitive Material:** Not have in my possession or under my control any material that describes or depicts human nudity, the exploitation of children, consensual sex acts, non-consensual sex acts, sexual acts involving force or violence including, but not limited to: computer links, photographs, drawings, video tapes, audio tapes, magazines, books, literature, writings, etc. without prior approval from AP&P.

6. **Polygraph:** Submit to random polygraph examinations.
7. **Employment:** Employment must be approved by AP&P.
8. **Residence:** Residence and residence changes must be approved by AP&P.
9. **Interstate Compact:** Execute and adhere to the terms of the Interstate Compact Waiver and Agreement if probation or parole is served outside the state of Utah.
10. **Registration/Dna:** Comply with requirements of the Utah Sex Offender Registration and DNA specimen requirements.

### **Group C Sex Offender Conditions:**

1. **Therapy:** Submit to an evaluation, and successfully complete sex offender therapy as determined by the treating facility, therapists, and the Utah Department of Corrections.
2. **Curfew:** Enter into and successfully complete established progressive curfews or electronic monitoring, where available, when required by Adult Probation and Parole.
3. **Victim Contact:** Have no direct or indirect contact with the victim(s) or victim's family without prior written approval from Adult Probation and Parole.
4. **Not Date:** Do not date or establish a relationship with anyone under the age of 18 without prior written approval of Adult Probation and Parole. This does not preclude contact with children under age 18 who are related to the parolee.
5. **Registration:** Comply with requirements of state sex offender registration, if applicable.
6. **DNA:** Comply with state DNA specimen requirements.
7. **Polygraph:** Submit to random polygraph examinations.

### **Special Parole Conditions**

**Alcohol:** Do not consume or possess alcohol beverages or frequent places where alcohol is the chief item of sale.

**Anti-Alcohol Drug:** Take an anti-alcohol drug if prescribed by a physician

**CCC MIO Program:** Successfully complete the CCC MIO Program, which may include GPS monitoring, with outpatient followup.

**CCC MIO Review:** UDC staff shall review the offender for appropriateness of placement in the CCC MIO Program. If the offender qualifies, the offender shall complete the CCC MIO

Program. If the offender does not qualify for the CCC MIO Program, UDC staff shall notify the Board of Pardons and Parole at least two weeks prior to the offender's release date and recommend appropriate parole conditions; including what, if any, CCC assistance or programming the offender needs.

**CCC Program:** Successfully complete a CCC Program, which may include GPS monitoring.

**CCC Sex Offender Program:** Successfully complete a CCC Sex Offender Program, which may include GPS monitoring.

**CCC Stabilization:** Enter CCC until stabilized, which may include GPS monitoring.

**CCC Work Program:** Successfully participate in the CCC Work Program until [date] and comply with the CCC Work Program Contract.

**Class:** Complete [what class] class(es) as directed.

**Community Service:** Complete [#] hours of community service as directed.

**Curfew:** Abide by a curfew as directed.

**Education/Vocational:** Successfully complete educational and/or vocational training or other training as directed.

**Extradition:** Pay extradition costs of \$[amount].

**Financial Counseling:** Attend and complete a financial counseling program as directed.

**Financial Records:** Make all financial records available to AP&P upon request.

**GED/Diploma:** Obtain a GED or high school diploma.

**GPS Monitoring:** Successfully complete a GPS monitoring program as directed.

**Home Confinement with EM:** Successfully complete home confinement with electronic monitoring for [how long].

**Home Confinement without EM:** Successfully complete home confinement for [how long].

**Intensive Outpatient SA:** Successfully complete intensive outpatient substance abuse treatment, as directed.

**Interlock Ignition:** Not drive a vehicle without an ignition interlock device installed.

**Jail:** Serve [how long] in the [name of jail] commencing [date].

**Mental Health Evaluation:** Complete a mental health evaluation and recommended treatment.

**Mental Health Rx:** Successfully complete mental health therapy.

**No Checking:** Have no checking, draft, or credit accounts.

**No Contact:** Have no contact with [name].

**No Contact/Children:** Have no verbal, written, or direct contact with the victim(s) or any children under the age of [age] until approved by a therapist and Adult Probation and Parole. When approved, all contact will be supervised by an adult who knows about the offense and is approved by Adult Probation and Parole and the therapist.

**No Fiduciary Employment:** Not be employed in a fiduciary position.

**No Self-Employment:** Not be self employed.

**Not Drive Without License:** Not drive without a valid driver license.

**Not Remain in USA:** Not remain in or enter the United States illegally.

**No Reside Reservation:** Not resided on a Native American Indian reservation without prior approval of Adult Probation and Parole.

**Notify AP&P Meds:** Notify Adult Probation and Parole of all prescriptions.

**Notify MD/DDS Drugs:** Notify physician and/or dentist of drug abuse history.

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

**Outpatient SO Treatment:** Successfully complete outpatient sex offender therapy as directed.

**Pay Fine:** Pay fine of \$[amount] in reference to Case #[case number].

**Pay Restitution:** Pay restitution of \$[amount] in reference to Case #[case number].

**Prescribed Meds:** Take medications if prescribed.

**Program/CBT:** Complete Cognitive Behavioral Therapy to address criminogenic needs as identified in the risk and needs assessment.

**Program/DV:** Complete a domestic violence evaluation and recommended intervention services through a Department of Human Services licensed provider.

**Program/Treatment:** Enter, participate in, completed [program name] program, counseling, or treatment as directed.

**PV Program Phase I:** Participate in the Parole Violator Program - Phase I - at the [facility name] (not to exceed [# of days] days) as directed, effective [date].

**PV Program Phase II:** 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, effective [date].

**Recoupment:** Pay (LDA) recoupment fee of \$[amount].

**Remit (Not Pay) Fine:** Remit (not pay) fine of \$[amount] in reference to Case #[case number].

**Report Upon Return:** Report to Utah Adult Probation and Parole within [how many] hours of return to the United States.

**Residential Tx:** Successfully complete the [program name] residential treatment program as directed.

**Security Fee:** Pay \$[amount] court security fee in reference to Case #[case number].

**Service Fees:** Pay service fees of \$[amount].

**Substance Abuse Evaluation:** Complete a substance abuse evaluation and recommended treatment.

**Transition Services:** Cooperate with transitional services as directed.

**VOA Detox Program:** Successfully complete the Volunteers of America Detoxification Program as directed.