

BUCKS COUNTY ADULT PROBATION AND PAROLE DEPARTMENT

<input type="checkbox"/>	Administrative Office / Central Bucks / Transfer Units: 30 East Court Street, 2 nd Floor	Doylestown, PA 18901	Phone: (215) 348-6697	Fax: (215) 348-6611
<input type="checkbox"/>	Justice Center: 100 North Main Street, 1st Floor	Doylestown, PA. 18901	Phone: (215) 348-6634	Fax: (215) 348-6691
<input type="checkbox"/>	Lower Bucks Units: 7203 New Falls Rd	Levittown, PA. 19055	Phone: (215) 444-2600	Fax: (215) 348-5296
<input type="checkbox"/>	Upper Bucks Unit: 261 California Road, Suite 3	Quakertown, PA 18951	Phone: (215) 529-7081	Fax: (215) 918-3016

RULES AND REGULATIONS OF PROBATION AND PAROLE

It is the order of the Bucks County Court of Common Pleas that you shall comply with the following rules and conditions of Probation and Parole:

1. I will report to my Probation/Parole Officer as directed and permit this officer to visit me at my home or place of employment.
2. I will respond promptly to any summons to appear at Court or the Office of the Probation-Parole Department. My travel is limited to adjoining Counties within Pennsylvania. Any travel beyond those Counties, out of State, or overnight travel must be approved by my Probation/Parole Officer.
3. I will comply with all Federal, State, and local laws. If I am arrested or have contact with law enforcement authorities during supervision, I will notify my officer by the next working day. I will comply with all terms and conditions included in a Protection From Abuse Order.
4. I will discuss any possible change of address with my Officer and will not move without prior permission of the Probation/Parole Department.
5. I will make every effort to obtain and hold a legitimate job and support my dependents. I will report promptly to my officer any change in my employment status.
6. I am forbidden to use, possess, or distribute non-prescribed Controlled Substances and/or other mind altering substances. I will abstain from the excessive use of alcohol.
7. I will submit urine, blood, saliva, breath and/or other specimens required for departmentally approved substance abuse detection tests.
8. I will not own, use, or possess any type of lethal weapons.
9. I will pay all restitution, fines, costs and administrative fees in regular installments as directed by the Probation/Parole Officer. All payments are to be made payable to "Clerk of Courts", 100 North Main Street, Doylestown, PA 18901. Include Bill Nos. _____ and name on all payments. Unless waived by the Court, I understand I will be assessed an administrative fee of \$ _____ for each month of supervision ordered by the Court.
10. I understand that the Adult Probation/Parole Department has the authority to search my person, place of residence, vehicle, or other personal property, including but not limited to electronic devices, without a warrant, if there is reasonable suspicion.
11. I will not enter into any agreement to act as an informant or a special agent of a law enforcement agency without the permission of the Probation/Parole Department.
12. I will not physically or verbally threaten, nor engage in religious, ethnic, or racial intimidation toward any Probation/Parole employee.
13. I will abide by the Case Plan and/or Written Directive, which will be developed by my Probation/Parole Officer. I am aware that I will be given the opportunity for input into the Case Plan.
14. I will also comply with the following special conditions imposed by the Court:
 - ____ a. pay restitution of \$ _____ at the rate of _____. Amount paid today _____.
 - ____ b. participate in drug/alcohol treatment until successfully discharged.
 - ____ c. participate in mental health treatment until successfully discharged.
 - ____ d. complete the Highway Safety Program. _____ complete the Multiple Offenders Program.
 - ____ e. other _____

I will keep in mind that I am conditionally released and the Court may at any time revoke my probation or parole for cause. I am aware that should I violate probation or parole, the Bucks County Adult Probation Department has the authority to return me to prison pending a Violation Hearing. I am further aware that if I am convicted of a new offense during my probation or parole period I will be brought back before the Court for a Violation Hearing.

Witness

Signature of Probationer/Parolee

Date