

**HOBART CITY COURT**

**ADULT PROBATION DEPARTMENT**

**FORMAL PROBATION RULES AND CONDITIONS**

**Defendant/Probationer:** \_\_\_\_\_

**Case Number(s)/Offense(s):** 45H05-\_\_\_\_\_

**I WILL COMPLY WITH EACH OF THE FOLLOWING CONDITIONS DURING THE TERM I AM ON FORMAL PROBATION:**

1. Upon being granted formal probation by the Court and/or when released from incarceration, I shall report directly to the Hobart Adult Probation Department, Hobart City Court (705 E. 4<sup>th</sup> St., Suite C, Hobart, IN).
2. I shall work regularly at a lawful occupation and support my dependents. I shall talk to my Probation Officer before I move or change jobs. I shall answer all inquiries by the Court or by my Probation Officer.
3. I shall not leave the State of Indiana while I am on probation. I understand that in the event of an emergency, I must get a written Travel Permit from the Court. I hereby waive extradition to the State of Indiana, from any State or Territory of the United States of America. I also agree that I will not contest any effort to return me to the State of Indiana.
4. I shall refrain from possessing/owning any firearms, destructive devices or other dangerous weapons, even if I have a permit, during the time I am on formal probation.
5. I shall not violate any law (Federal, State, and/or Local). I shall immediately notify my probation officer if arrested or questioned by law enforcement.
6. I shall not use any beverages that have alcohol in them. I shall avoid any place where alcohol is sold as a primary commodity (for example, but not limited to, bars, liquor stores, beer gardens, etc.). I shall not use, possess, or give any illegal drugs/controlled substances. I shall not consume any prescription medications that are not prescribed specifically to me. I understand that I must submit to random drug/alcohol testing as required by my Probation Officer.
7. I submit my person, place of residence, and vehicle to search and seizure at any time by my Probation Officer without my consent.
8. I will complete a Monthly Supervision Report every time I report to the Probation Department. If required, I will mail this report as directed by the Probation Officer.
9. I agree to cooperate with the Probation Officer and the Court. I agree to permit my Probation Officer to make personal visits to my home or elsewhere. I understand that I will report to the Probation Department as directed. If I need to contact the Probation Officer, I am aware that the phone number is (219) 942-8218.
10. I shall pay the following obligations, even if I am not employed:

(x) \*Probation User Fees: ( ) 12 months \$290.00 ( ) 6 months \$170.00

(x) \*Probation Administration Fee \$50.00

(x) Drug/Alcohol Testing Fee (As set by testing company)

(x) Court Costs \$\_\_\_\_\_ (If not paid on time, late fee will be assessed)

(x) Fine \$\_\_\_\_\_ (\_\_\_\_ suspended)

( ) Restitution \$\_\_\_\_\_

( ) Countermeasure Fee \$\_\_\_\_\_

( ) Fees related to drug/alcohol/any other treatment (as set by agency)

( ) Other fees: \_\_\_\_\_

\* My monthly payment, for probation only, is

(\_\_\_\_) \$28.34 (x 12 months) (\_\_\_\_) \$36.67 (x 6 months)

(\_\_\_\_) \_\_\_\_\_ (x \_\_\_\_\_ months) (if partial payment has been made).

I understand that the above-listed payment needs to be made every month. I also understand that if my probation is extended, I may be assessed additional monthly fees. Court-ordered fees must be paid even if I am not employed. Failure to pay court-ordered fees may result in loss of probation and jail time to be served.

11. When ordered by the Court, or my Probation Officer, I agree to conscientiously, and to the best of my ability, complete any or all of the following (**Note: Probationers are to provide proof of compliance**):

- (x) No alcohol/drugs (possession, usage, etc.) without a doctor's prescription
- (x) Urine drop/breath test (on request/demand, on the spot)
- (x) Pay all financial fees and obligations
- (x) No similar or other offenses
- (x) Obtain GED (or provide proof of High School Diploma/GED earned)
- ( ) Alcohol/Drug evaluation/treatment at \_\_\_\_\_
- ( ) Psychiatric/Psychological evaluation/treatment at \_\_\_\_\_
- ( ) \_\_\_\_\_ days/weekends in Lake County Jail starting \_\_\_\_\_
- ( ) Community Service - \_\_\_\_\_ hours with \_\_\_\_\_
- ( ) Other: \_\_\_\_\_

**NOTE: The probation officer is only in on Monday nights (excluding holidays).**

My Probation Officer has explained the rules and conditions of formal probation and has answered any questions/concerns I have as of today. I understand that my Probation Officer will assist with interpreting the rules and conditions of formal probation and will also assist me in following the orders of the Court. I further understand that if I fail to comply with these provisions during probationary period of \_\_\_\_\_, a Petition to Revoke my probation may be filed while I am on Probation and also before the earlier of the following:

One (1) year after the termination of Probation

45 days after the State receives notice of the violation,

my jail sentence of \_\_\_\_\_ will be imposed or I will be held in contempt of Court.

WITNESS our signatures on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Probationer

\_\_\_\_\_  
Probation Officer, Hobart Adult Probation, Hobart City Court

\_\_\_\_\_  
Judge, Hobart City Court