



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE BUREAU

CONDITIONS OF PROBATION AND PAROLE

Offender's
Initials

Your probation/parole is granted subject to the following conditions, limitations, and restrictions.

1. **RESIDENCE:** My residence must be approved by a Probation/Parole Officer. I will not change my place of residence without first obtaining written permission from a Probation/Parole Officer. I will make my home open and available for Officers to visit or search upon reasonable suspicion. I will not own dangerous/vicious animals such as guard dogs, use perimeter security doors or any other device that would hinder an Officer, or refuse to open the door to my residence when requested.
2. **TRAVEL:** I will not leave my assigned district without first obtaining written permission from a Probation/Parole Officer. My assigned district is: _____ counties.
3. **EMPLOYMENT AND/OR PROGRAM:** I will seek and maintain employment or a program approved by the BOPP or a Probation/Parole Officer. I must obtain permission from a Probation/Parole Officer prior to any change of employment. I will inform my employer of my status on probation, parole, or other community supervision.
4. **REPORTING:** I will personally report to a Probation/Parole Officer as directed. I will submit written monthly reports on forms provided. I will make myself available to Probation/Parole Officers as requested.
5. **WEAPONS:** I will not use, own, possess, transfer, or be in control of any firearms, ammunition (including black powder), or weapons. I will not possess chemical agents such as O.C. or pepper spray.
6. **FINANCIAL:** I will obtain permission from a Probation/Parole Officer before financing or purchasing an automobile, real property, or engaging in business. I will not go into debt without an Officer's permission. **Victim restitution, child support, fines and fees will be my priority financial obligations.**
7. **SEARCH OF PERSON OR PROPERTY:** Upon reasonable suspicion, as ascertained by a Probation/Parole Officer, my person, vehicle, and/or residence may be searched at any time, day or night, including my place of employment, without a warrant by a Probation/Parole Officer, ISP Officer or Law Enforcement Officer (at the direction of the Probation/Parole/ISP Officer). Any illegal property or contraband will be seized and may be destroyed.
8. **LAWS & CONDUCT:** I shall comply with all city, county, state, and federal laws and ordinances, and conduct myself as a good citizen. I shall report any arrests or contacts with law enforcement to a Probation/Parole Officer within 72 hours. I will at all times be cooperative and truthful in all my communications and dealings with Probation/Parole Officers and any law enforcement agency.
9. **ILLEGAL DRUG USE:** I will not possess or use illegal drugs. I will not be in control of or under the influence of illegal drugs, nor will I have in my possession any drug paraphernalia.
10. **NO ALCOHOL:** I will not possess or consume intoxicants/alcohol. I will submit to breathalyzer testing or bodily fluid testing as requested by a Probation/Parole Officer.
11. **DRUG TESTING:** I will submit to alcohol and/or drug testing on a random or regular basis as required by a Probation/Parole Officer.
12. **NO GAMBLING:** I will not gamble.
13. **SUPERVISION FEES:** I will pay supervision fees pursuant to §46-23-1031, MCA. If convicted of a drug offense and placed on ISP in lieu of imprisonment, I may be ordered to pay not less than \$50 per month pursuant to §45-9-202(2)(d)(ii), MCA.
14. **VICTIM RESTITUTION:** I will pay court ordered restitution to the victim in the amount of \$ _____ in monthly payments of \$ _____. Payments to be made as determined by the court and/or a Probation/Parole Officer.
15. **FINES/FEES:** I will pay all fines and fees as ordered by the court in the amount of \$ _____ in monthly payments of \$ _____.

The following STATUTORY REQUIREMENTS apply:

16. **REGISTRATION/NOTIFICATION**[16]: I am required by §46-23-504, MCA, to register and give appropriate notice of address changes.
 - SEXUAL OFFENDER:** Depending on my Level of Risk Designation, there will be appropriate address notification to the community.
 - VIOLENT OFFENDER**
17. **DNA TESTING:** I am required by §44-6-103, MCA, to submit to DNA testing.

The following SPECIAL CONDITIONS ordered by the Board of Pardons & Parole or the Sentencing Court apply:

18. **COUNSELING/TREATMENT/PROGRAMMING:** I will enter, participate on a regular basis and complete:
 - Chemical Dependency Counseling
 - Sexual Offender Counseling
 - Mental Health Counseling
 - Other Programming as ordered by the Court/BOPP and determined appropriate by a Probation/Parole Officer
19. **NO BARS:** I will not enter any place intoxicants are the chief item of sale.
20. **NO CASINOS:** I will not enter any casinos.
21. **ASSOCIATION:** I will not associate with probationers, parolees, prison inmates, or persons in the custody of any law enforcement agency without prior approval from a Probation/Parole Officer. I will not associate with persons as ordered by the court or BOPP.
 - ADDITIONAL CONDITIONS** (See attached)

AGREEMENT AND NOTIFICATION OF JAIL SANCTIONS

I have read, or had read to me the foregoing rules and conditions and I will abide by them. Failure to do so may result in revocation. I further understand that failure to do so may result in immediate jail sanctions of up to 30 days at my own expense or revocation of my probation or parole pursuant to §46-23-1015(3), MCA.

WAIVER OF EXTRADITION

I do hereby waive extradition to the State of Montana from any state in the union, and from any territory or country outside the continental United States, and also agree that I will not contest any effort to return me to the United States or to the State of Montana. I understand that this probation/parole is granted to and accepted by me, subject to the conditions, limitations, and restrictions stated herein, and with the knowledge that the Board of Pardons and Parole, Sentencing Court, or the Department of Corrections has the power, at any time, in case of violation of the conditions, limitations, and restrictions of probation or parole to cause my detention and/or return to prison.

PROBATION/PAROLE OFFICER _____
(Type/Print Officer Name)

PROBATIONER/PAROLEE _____
(Type/Print Offender Name)

DATE _____

DOC IDENTIFICATION NUMBER _____



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
COMMUNITY CORRECTIONS DIVISION
ADULT PROBATION AND PAROLE

CONDITIONS OF PROBATION AND PAROLE
SUPPLEMENTAL FORM

Offender's
Initials

22.

23.

24.

25.

26.

27.

28.

29.

30.

31.

PROBATION/PAROLE OFFICER

(Type/Print Officer Name)

PROBATIONER/PAROLEE

(Type/Print Offender Name)

DATE

DOC IDENTIFICATION NUMBER



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE BUREAU

CONDITIONS OF INTENSIVE SUPERVISION PROGRAM

DOC COMMIT PROBATIONER PAROLEE CONDITIONAL RELEASE

Offender's Initials Your Intensive Supervision Program is granted subject to the following conditions, limitations, and restrictions.

- 1. RESIDENCE/SCHEDULE: My residence must be approved by an ISP Officer. I will not change my residence or stipulated schedule without prior written approval from an ISP Officer. I will make my home open and available for ISP Officers to visit or search upon reasonable suspicion. I will not own dangerous/vicious animals such as guard dogs, use perimeter security doors or any other device that would hinder an ISP Officer, or refuse to open the door to my residence when requested.
2. TRAVEL: I will not leave my assigned county of residence without first obtaining written permission from an ISP Officer.
3. EMPLOYMENT AND/OR PROGRAM: I will seek and maintain employment or a program approved by an ISP Officer. I must obtain permission from an ISP Officer prior to any change of employment. I will inform my employer of my ISP status.
4. REPORTING: I will personally report to an ISP Officer as directed. I will submit written monthly reports on forms provided. I will make myself available to ISP Officers as requested.
5. WEAPONS: I will not use, own, possess, transfer, or be in control of any firearms, ammunition (including black powder), or weapons. I will not possess chemical agents such as O.C. or pepper spray.
6. FINANCIAL: I will obtain permission from an ISP Officer before financing or purchasing a vehicle, real property, or engaging in business. I will not go into debt without an ISP Officer's permission. Victim restitution, child support, fines and fees will be my priority financial obligations.
7. SEARCH OF PERSON OR PROPERTY: Upon reasonable suspicion, as ascertained by an ISP Officer, my person, vehicle, and/or residence may be searched at any time, day or night, including my place of employment, without a warrant by an ISP Officer, Probation/Parole Officer or a Law Enforcement Officer (at the direction of an ISP/Probation/Parole Officer). Any illegal property or contraband will be seized and may be destroyed.
8. LAWS & CONDUCT: I shall comply with all city, county, state and federal laws and ordinances, and conduct myself as a good citizen. I shall immediately report any arrests or contacts with law enforcement to an ISP Officer within 72 hours. I will at all times be cooperative and truthful with ISP Officers and law enforcement agencies.
9. ILLEGAL DRUG USE: I will not possess or use illegal drugs or any drugs unless prescribed by a licensed physician. I will not be in control of or under the influence of illegal drugs, nor will I have in my possession any drug paraphernalia.
10. NO ALCOHOL: I will not possess or consume intoxicants/alcohol. I will submit to breathalyzer testing or bodily fluid testing when requested by ISP Officers.
11. DRUG TESTING: I will submit to alcohol and/or drug testing on a random or regular basis as required by an ISP Officer.
12. NO GAMBLING: I will not gamble or play any games of chance.
13. SUPERVISION FEES: I will pay supervision fees pursuant to §46-23-1031, MCA. If convicted of a drug offense and placed on ISP in lieu of imprisonment, I may be ordered to pay not less than \$50 per month per §45-9-202 (2)(d)(ii), MCA.
14. VICTIM RESTITUTION: I will pay court ordered victim restitution in the amount of \$_____ in monthly payments of \$_____. Payments to be made as determined by the court and/or an ISP Officer.
15. FINES/FEES: I will pay all fines and fees as ordered by the court in the amount of \$_____ in monthly payments of \$_____.
16. EQUIPMENT: I will be required to maintain land-line phone. I will be required to wear, maintain and care for electronic monitoring equipment as a condition of ISP. I understand opening, damaging, losing, stealing or in any way rendering the equipment inoperative may result in criminal prosecution and/or violation of my ISP. I will not possess equipment that monitors law enforcement or Department of Corrections radio frequencies or activities.

The following STATUTORY REQUIREMENTS apply:

- 17. REGISTRATION/NOTIFICATION: I am required by §46-23-504, MCA, to register and give appropriate notice of address changes.
SEXUAL OFFENDER: Depending on my Level of Risk Designation, there will be appropriate address notification to the community.
VIOLENT OFFENDER
18. DNA TESTING: I am required by §44-6-103, MCA, to submit to DNA testing.

SPECIAL CONDITIONS

- 19. COUNSELING/TREATMENT/PROGRAMMING: I will enter, participate on a regular basis and complete:
Chemical Dependency Counseling Sexual Offender Counseling Mental Health Counseling
Other Programming as ordered by the court and determined appropriate by an ISP Officer.
20. NO BARS: I will not enter any place intoxicants are the chief item of sale.
21. NO CASINOS: I will not enter any casinos.
22. COMMUNITY SERVICE: I will complete _____ hours of community service as ordered by the court or as stipulated in my ISP Contract.
OTHER CONDITIONS: See supplemental form.

AGREEMENT AND NOTIFICATION OF SANCTIONS

I have read, or had read to me the foregoing rules and conditions and I will abide by them. I understand that ISP is granted to and accepted by me, subject to the conditions, limitations, and restrictions stated herein, and with the knowledge that the Sentencing Court, BOPP, or Department of Corrections has the power, at any time, in case of violation of the conditions, limitations, and restrictions of ISP, to cause my detention and/or a disciplinary hearing or prosecution and sanctions including, but not limited to, revocation of my Probation, Parole, or Conditional Release.

Unless otherwise determined by the Sentencing Court, BOPP and/or the Department of Corrections, I understand I am responsible for all medical and treatment program costs.

WAIVER OF EXTRADITION

I do hereby waive extradition to the State of Montana from any State in the Union, and from any territory or country outside the continental United States, and also agree that I will not contest any effort to return me to the United States or to the State of Montana.

ISP Officer Signature (Type/Print Officer Name)

Offender Signature (Type/Print Offender Name)

Date

DOC Identification Number



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE BUREAU

CONDITIONS OF INTENSIVE SUPERVISION PROGRAM
SUPPLEMENTAL FORM

Offender's
Initials

23.

24.

25.

26.

27.

28.

29.

30.

31.

32.

33.

34.

35.

ISP Officer Signature

(Type/Print ISP Officer Name)

Offender Signature

(Type/Print Offender Name)

Date

DOC Identification Number



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE BUREAU

CONDITIONS OF CONDITIONAL RELEASE

Offender's
Initials

Your Conditional Release is granted subject to the following conditions, limitations, and restrictions.

- 1. RESIDENCE/SCHEDULE: My residence must be approved by a Probation/Parole Officer. I will not change my residence or stipulated schedule without first obtaining written permission from a Probation/Parole Officer.
2. TRAVEL: I will not leave my assigned district without first obtaining written permission from a Probation/Parole Officer.
3. EMPLOYMENT AND/OR PROGRAM: I will seek and maintain employment or a program approved by a Probation/Parole Officer.
4. REPORTING: I will personally report to a Probation/Parole Officer as directed.
5. WEAPONS: I will not use, own, possess, transfer, or be in control of any firearms, ammunition (including black powder), or weapons.
6. FINANCIAL: I will obtain permission from a Probation/Parole Officer before financing or purchasing an automobile, real property, or engaging in business.
7. SEARCH OF PERSON OR PROPERTY: Upon reasonable suspicion, as ascertained by a Probation/Parole Officer, my person, vehicle, and/or residence may be searched at any time, day or night, including my place of employment, without a warrant by a Probation/Parole Officer, ISP Officer or a Law Enforcement Officer (at the direction of a Probation/Parole/ISP Officer).
8. LAWS & CONDUCT: I shall comply with all city, county, state, and federal laws and ordinances, and conduct myself as a good citizen.
9. ILLEGAL DRUG USE: I will not possess or use illegal drugs. I will not be in control of or under the influence of illegal drugs, nor will I have in my possession any drug paraphernalia.
10. NO ALCOHOL: I will not possess or consume intoxicants/alcohol. I will submit to breathalyzer testing or bodily fluid testing as requested by a Probation/Parole Officer.
11. DRUG TESTING: I will submit to alcohol and/or drug testing on a random or regular basis as required by a Probation/Parole Officer.
12. NO GAMBLING: I will not gamble.
13. SUPERVISION FEES: I will pay supervision fees pursuant to §46-23-1031, MCA. If convicted of a drug offense and placed on ISP in lieu of imprisonment, I may be ordered to pay not less than \$50 per month pursuant to §45-9-202(2)(d)(ii), MCA.
14. VICTIM RESTITUTION: I will pay court-ordered victim restitution in the amount of \$ in monthly payments of \$.
15. FINES/FEES: I will pay all fines and fees as ordered by the court in the amount of \$ in monthly payments of \$.

The following STATUTORY REQUIREMENTS apply:

- 16. REGISTRATION/NOTIFICATION: I am obligated to register as required by state law and give appropriate notice of address changes.
SEXUAL OFFENDER: Depending on my Level of Risk Designation, there will be appropriate address notification to the community.
VIOLENT OFFENDER
17. DNA TESTING: I am obligated to submit to DNA testing as required by law.

The following SPECIAL CONDITIONS apply:

- 18. COUNSELING/TREATMENT/PROGRAMMING: I will enter, participate on a regular basis and complete:
Chemical Dependency Counseling Sexual Offender Counseling Mental Health Counseling
Other Programming as ordered by the Court and determined appropriate by a P&P Officer.
19. NO BARS: I will not enter any place intoxicants are the chief item of sale.
20. NO CASINOS: I will not enter any casinos.
21. COMMUNITY SERVICE: I will complete hours of community service as ordered by the Court.
22. ASSOCIATION: I will not associate with probationers, parolees, prison inmates, or persons in the custody of any law enforcement agency without prior approval from a Probation/Parole Officer. I will not associate with persons as ordered by the court or BOPP.
OTHER CONDITIONS: See supplemental form.

AGREEMENT AND NOTIFICATION OF SANCTIONS

I have read, or had read to me the foregoing rules and conditions and I will abide by them. I understand that this conditional release is granted to and accepted by me, subject to the conditions, limitations, and restrictions stated herein, and with the knowledge that the Department of Corrections has the power, at any time, in case of violation of the conditions, limitations, and restrictions of these rules, to cause my detention and/or a disciplinary hearing and sanctions. Sanctions may result in immediate jail sanctions of up to 30 days at my own expense or may include return to a higher level of custody including prison custody.

I understand I am responsible for all medical and treatment program costs. I recognize that any unauthorized absence from official supervision will place me in violation of my release. I understand that I will not be allowed to travel to any other state while on conditional release status unless approved by the Regional Administrator for emergencies or work purposes only. I understand that transfers to another state must meet specific guidelines specified by the Department. I will not be eligible for parole.

WAIVER OF EXTRADITION

I do hereby waive extradition to the State of Montana from any state in the union, and from any territory or country outside the continental United States, and also agree that I will not contest any effort to return me to the United States or to the State of Montana.

P&P Officer Signature (Type/Print Officer Name)

Offender Signature (Type/Print Offender Name)

Date

DOC Identification Number



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
PROBATION AND PAROLE BUREAU

CONDITIONS OF CONDITIONAL RELEASE
SUPPLEMENTAL FORM

Offender's
Initials

23.

24.

25.

26.

27.

28.

29.

30.

31.

32.

33.

34.

35.

P&P Officer Signature

(Type/Print Officer Name)

Offender Signature

(Type/Print Offender Name)

Date

DOC Identification Number



STATE OF MONTANA
BOARD OF PARDONS & PAROLE

FURLOUGH PROGRAM RULES

Offender Name: _____ DOC ID Number: _____

The Furlough Program provides an opportunity to spend up to ten (10) days to seek employment and/or living arrangements or any other condition that is difficult to fulfill while incarcerated. I may be granted one ten (10) day extension upon recommendation of my supervising Probation/Parole Officer if more time to develop my parole plan is required. Failure to abide by the rules and conditions of the Furlough Program will be considered a severe violation and will be handled in accordance with *DOC Policy 3.4.1 Offender Disciplinary System* and *P&P 140-1 Adult Offender Discipline and Disciplinary Hearings*. Loss of furlough privileges is a sanction available if found guilty through the disciplinary process.

_____ (Offender's Initials) I understand that absconding from furlough, or failure to return on time, will be considered felony escape.

FURLOUGH RULES: I will review and initial the rules and conditions. My signature on this form indicates my agreement to comply with the rules of the Furlough Program, all standard conditions of parole, and all special conditions imposed by the Board of Pardons and Parole:

1. I will report to my supervising Probation/Parole Officer immediately upon arrival in the community and daily thereafter as instructed by the Officer.
2. I will not change my place of residence without first obtaining permission from a Probation/Parole Officer. I will make the residence open and available for Officers to visit or search. I will not have dangerous/vicious animals such as guard dogs, use perimeter security doors or any other device that would hinder an Officer, or refuse to open the door to the residence when requested.
3. I will actively seek employment, living arrangements, training/education program, and/or treatment during the 10-day furlough.
4. I will not use or possess any intoxicants/alcoholic beverages. I will not enter any business establishments that serve alcoholic beverages. I will submit to breathalyzer testing or bodily fluid testing as requested by an Officer.
5. I will not use or possess illegal drugs unless prescribed by a licensed physician. I will not be in control of or under the influence of illegal drugs, nor have possession of any drug paraphernalia. I will provide names of all over-the-counter and prescribed medications to my supervising Probation/Parole Officer who must approve all use of over-the-counter and prescribed medication, and all visits to a physician.
6. I will not use, own, possess, transfer, or be in control of any firearms, ammunition (including black powder), or weapons, nor be in a household that possesses any firearm. I will not possess any chemical agents such as O.C. or pepper spray.
7. I will be subject to search of my person or residence at any time by a Probation/Parole Officer. Refusing to submit to a search when requested constitutes grounds for immediate revocation of the furlough permit and my return to prison. Any illegal property or contraband will be seized and may be destroyed.
8. I shall comply with all city, county, state, and federal laws and ordinances, and conduct myself as a good citizen. I shall report any arrests or contacts with law enforcement to a Probation/Parole Officer within 72 hours. I will at all times be cooperative and truthful in all my communications and dealings with Probation/Parole Officers and any law enforcement agency.
9. I will carry a copy of the furlough permit at all times.
10. I will not leave my assigned district without first obtaining written permission of my supervising Probation/Parole Officer. My assigned district is: _____ counties.
11. I will not drive a vehicle while on furlough status.
12. I will obtain permission from a Probation/Parole Officer before financing or purchasing a vehicle, real property, or engaging in business. I will not go into debt without an Officer's permission. Victim restitution, child support, fines and fees will be my priority financial obligations.
13. I will submit to alcohol and/or drug testing on a random or regular basis as required by a Probation/Parole Officer.
14. I will not gamble.
15. I will not associate with probationers, parolees, prison inmates, or persons in the custody of any law enforcement agency without prior approval from a Probation/Parole Officer. I will not associate with persons as ordered by the court or BOPP.
16. **STATUTORY REQUIREMENTS OF REGISTRATION/NOTIFICATION (§46-23-504, MCA):**
 SEXUAL OFFENDER: Depending on my Level of Risk Designation, there will be appropriate address notification to the community.
 VIOLENT OFFENDER
17. If I will be paroled to ISP, I will be required to wear, maintain and care for electronic monitoring equipment while on furlough. I understand opening, damaging, losing, stealing or in any way rendering the equipment inoperative may result in criminal prosecution and/or violation. I will not possess equipment that monitors law enforcement or Department of Corrections radio frequencies or activities.

Special Conditions imposed by Board of Pardons and Parole

18. **NO BARS:** I will not enter any place intoxicants are the chief item of sale.
19. **NO CASINOS:** I will not enter any casinos.
20.
21.

STATE OF MONTANA - BOARD OF PARDONS AND PAROLE CASE DISPOSITION

TO: _____ DOC ID: _____

This is to notify you of the Montana State Board of Pardons and Parole decision in your parole consideration, in accordance with Sections 46-23-201 - 46-23-218, and 46-23-1021 - 46-23-1031, MCA.

You will be granted parole subject to the standard parole conditions* with the following changes and/or added special conditions:

*Standard Parole Conditions (paraphrased): Residence must be approved by PO, shall not change place of residence without PO's approval, shall not own dangerous/vicious animals, use security doors, or any other device that would hinder an officer, or refuse to open the door when requested; shall not leave assigned district without PO's written permission; shall maintain employment or a program approved by BOPP or PO, must inform employer of parole status, and must obtain PO's permission prior to any change of employment; shall report to PO as directed; shall not own, possess, transfer, or be in control of any firearms, ammunition (including black powder), weapons, or chemical agents such as O.C. or pepper spray; shall obtain PO's permission before making any financial transactions; shall submit to search by PO at any time without a warrant; shall comply with all laws and ordinances, conduct yourself as a good citizen, and report any arrests or contacts with law enforcement to your PO; shall not possess or use illegal drugs or drug paraphernalia; shall not possess or consume intoxicants/alcohol, shall submit to breathalyzer or bodily fluid testing as requested by PO; shall submit to alcohol and/or drug testing as required by PO; shall not gamble; pay supervision fees; pay victim restitution; pay fines and fees as ordered by the court.

- Parole when the Board determines you have successfully completed _____

- Parole to ISP – comply with all rules and conditions of the program
- Regular Chemical Dependency Counseling
- Regular Mental Health Counseling
- Regular Sex Offender Counseling
- Restricted from maintaining a checking or credit card account
- Comply with court ordered conditions
- Restricted from entering any place where gambling takes place
- Shall not enter any place where intoxicants are the chief item of sale
- Restricted from operating a motor vehicle while on parole
- Restricted from participating in any medical marijuana program
- Other: _____

I have been advised and fully understand that I am subject to "official detention" until a parole certificate is issued authorizing my release from confinement and I sign the "Conditions of Parole" document. Any misconduct on my part prior to release, substantial changes in parole plan, and/or new information and evidence received that was not available at the time of my parole hearing may result in the rescission of my parole.

Acknowledgment _____

The Board members will render a final disposition on the _____ day of _____, _____, at Deer Lodge, Montana.

Hearings Officer _____ Date: _____

BOPP (white)
INMATE (yellow)
RECORDS (pink)
IPPOs (gold)

Board Member _____
Board Member _____
Board Member _____
Date: _____