



CIRCUIT COURT  DISTRICT COURT OF MARYLAND FOR \_\_\_\_\_  
City/County

Located at \_\_\_\_\_ Court Address Case No. \_\_\_\_\_

STATE OF MARYLAND

vs. \_\_\_\_\_  
Defendant

SID No.: \_\_\_\_\_

(IF AVAILABLE, PLACE LABEL HERE  
OR AT TOP OF PAGE.)

Tracking No.: \_\_\_\_\_

Other Reference No.: \_\_\_\_\_

Convicted Count(s): \_\_\_\_\_

Sentence: \_\_\_\_\_

Part of Sentence Executed: \_\_\_\_\_ Suspended: \_\_\_\_\_

Balance of sentence suspended upon admission  
to treatment pursuant to HG § 8-507

Credit for Time Served: \_\_\_\_\_ Length of Probation: \_\_\_\_\_ mo/yr(s)

### PROBATION/SUPERVISION ORDER

Probation before Judgment (Criminal Procedure Article § 6-220)

IT IS ORDERED THAT the above named Defendant:

Be Supervised by Community Supervision.

Be Supervised by Alternative Community Service: \_\_\_\_\_

Be Unsupervised.

Probation begins  on \_\_\_\_\_ Date  upon admission to residential substance abuse program.

Your first appointment with the Supervising Agency is \_\_\_\_\_ and the place to report to is  
\_\_\_\_\_. Your failure to report could result in your arrest.

A. Standard Conditions (1-10):  All Standard Conditions  All Standard Conditions except Nos. \_\_\_\_\_

1. Report as directed and follow your supervising agent's lawful instructions.
2. Work and/or attend school regularly as directed and provide verification to your supervising agent.
3. Get permission from your supervising agent before changing your home address, changing your job, and/or leaving the State of Maryland. Additional Comments: \_\_\_\_\_
4. Obey all laws.
5. Notify your supervising agent at once if charged with a criminal offense, including jailable traffic offenses. Additional Comments: \_\_\_\_\_
6. Get permission from the Court before owning, possessing, using, or having under your control any dangerous weapon or firearm of any description. Additional Comments: \_\_\_\_\_
7. Permit your supervising agent to visit your home.
8. Do not illegally possess, use, or sell any narcotic drug, controlled substance, counterfeit substance, or related paraphernalia. Additional Comments: \_\_\_\_\_
9. Appear in court when notified to do so.

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10. Pay all fines, costs, restitution, and fees as ordered by the Court or as directed by your supervising agent through a payment schedule.
- Fine(s) of \$ ..... paid through  Community Supervision  Clerk's Office  Sheriff's Office
  - Court costs of \$ ..... paid through  Community Supervision  Clerk's Office
  - Supervision fee of \$50/month paid through Community Supervision  Supervision fee waived
  - Restitution of \$ ..... to .....  
paid through  Community Supervision  State's Attorney's Office by .....  
Date
  - Public Defender fees of \$ ..... to the Office of the Public Defender for counsel fees.
  - Pay the following fees through Community Supervision or .....:
    - Victims of Crime Fund \$ .....
    - CICF costs \$ .....
    - Other costs (Specify) \$ .....
  - The Division of Parole and Probation is hereby granted the discretion to refer the collection of funds it is authorized to collect to the State's Central Collection Unit without the need of further court approval.

B. Special Conditions (11-35):

- 11.  Provide DNA sample as required by law by .....  
Date
- 12.  Submit to evaluation and attend and successfully complete mental health treatment as directed by your supervising agent.
- 13.  Submit to, successfully complete, and pay required costs for evaluation, testing and treatment education, as directed by your supervising agent.
- 14.  Attend and successfully complete  alcohol  drug  alcohol and drug treatment  
 education program .....  
Name of Program
- 15.  Enroll in, pay any required costs for, and successfully complete treatment at .....
- 16.  Attend and successfully complete parenting class.
- 17.  Attend ..... self-help group meetings per week for ..... weeks.  Attendance may  
be modified by your supervising agent after ..... weeks.
- 18.  Totally abstain from alcohol, illegal substances, and abusive use of any prescription drug.
- 19.  Apply for alcohol restriction on driver's license within 10 days of trial date for ..... year(s)/month(s).
- 20.  Refrain from driving and/or attempting to drive after consuming alcohol.
- 21.  Attend Victim Impact Panel meetings when notified.
- 22.  Attend and successfully complete MVA Driver Improvement Program.
- 23.  Attend and successfully complete MVA Alcohol Education Program. (Social Drinkers Only)
- 24.  Have Ignition Interlock installed for ..... months and pay costs.  Employment vehicle  
exempted.

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25.  Complete ..... hours of community service by .....  
Date ..... , under the direction  
of ..... and pay required fees.
26.  Attend and successfully complete domestic violence counseling at .....  
..... by .....  
Date ..... and pay required costs.
27.  Have no contact with .....
28.  Do not enter or be found near .....
29.  Home confinement/detention to ..... for ..... months.  
 Special conditions (e.g. doctor's appointments, attending classes, etc.) .....
30.  **Register as sexual offender** with the supervising authority under the provisions of Criminal Procedure Article, Title 11, Subtitle 7:  
 (1) A Tier I Sex Offender;  
 (2) A Tier II Sex Offender;  
 (3) A Tier III Sex Offender;  
 (4) A sexually violent predator;  
 (5) A Tier I Sex Offender who, before moving into this State, was required to register in another State;  
 (6) A Tier II Sex Offender, Tier III Sex Offender, or sexually violent predator who, before moving into this State, was required to register in another State;  
 (7) A Tier I, Tier II, Tier III Sex Offender, or a Sex Offender who is required to register in another State, Jurisdiction, a federal, military, or tribal court, or a foreign government, who is not a resident of this State, and who enters this State:  
(i) To reside or habitually live.  
(ii) To carry on employment or vocation that is full-time or part-time for a period exceeding 14 days or for an aggregate period exceeding 30 days during a calendar year, whether financially compensated, volunteered, or for the purpose of government or educational benefit; or  
(iii) To attend a public or private educational institution, including a secondary school, trade or professional institution, or institution of higher education, as a full-time or part-time student.  
(iv) As a transient with the intent to be in the State for a period exceeding 14 days or an aggregate period exceeding 30 days during the calendar year.
31.  Defendant shall keep appointment for HG § 8-505 evaluation and shall immediately enter the recommended program upon admission.  
 Defendant shall enter treatment program immediately upon admission.  
 Defendant shall successfully complete treatment program and comply with terms of aftercare plan.
32.  (Prince George's County only) To be supervised by means of active electronic monitoring (GPS Tracking System).  
 To pay fee of \$ ..... for monitoring  
 Fee waived.
33.  Other .....

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C. 34.  Comply with special conditions of lifetime supervision - see form CC-DC-CR-136.

D. Recommendations to the Supervising Agency:

35.  Transfer supervision to ..... , State of Maryland.

.....  
Date

.....  
Judge

.....  
ID Number

**CONSENT**

I have read, or have had read to me, the above conditions of probation. I understand these conditions and agree to follow them. I understand that if I do not follow these conditions, I could be returned to court charged with a violation of probation.

If I fail to abide by the above conditions, the Court could enter judgment against me and proceed with disposition as if I had not been placed under probation. I have been notified and understand that by consenting to and receiving a stay of judgment under Criminal Procedure Article, § 6-220, I waive my right to appeal from a judgment of guilty by the Court in this case.

I understand that my failure to pay fines, costs, and fees may result in my case being referred to the State's Central Collection Unit, resulting in an additional collection fee as permitted by law.

.....  
Date

.....  
Defendant's Signature

.....  
Date of Birth

.....  
Address

.....  
Telephone Number      Cell phone Number

.....  
City, State, Zip

.....  
E-mail

.....  
Witness' Signature

.....  
Printed Name