



DISTRICT COURT OF MARYLAND
PROBATION/SUPERVISION DOCKET

Probation before Judgment (Criminal Procedure §6-220)

IT IS ORDERED THAT DEFENDANT:

- Be Supervised by Community Supervision.
Be Supervised by Alternative Community Service:

Be Unsupervised.
Probation begins on [] on [] 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 (ASTC)

[] All Standard Conditions except Nos.

- 1. Report as directed and follow your supervising agent's lawful instructions. (05RDSI)
2. Work and/or attend school regularly as directed and provide verification to your supervising agent. (10WASR)
3. Get permission from your supervising agent before changing your home address, changing your job, and/or leaving the State of Maryland. (15PSCA)
4. Obey all laws. (20OAL)
5. Notify your supervising agent at once if charged with a criminal offense, including jailable traffic offenses. (25NSCO)
6. Get permission from the Court before owning, possessing, using, or having under your control any dangerous weapon or firearm of any description. (30PODW)
7. Permit your supervising agent to visit your home. (35PAVH)
8. Do not illegally possess, use, or sell any narcotic drug, controlled substance, counterfeit substance, or related paraphernalia. (40DNPN)
9. Appear in court when notified to do so. (45ACWN)
10. Pay all fines, costs, restitution, and fees as ordered by the Court or as directed by your supervising agent through a payment schedule. (PFCR)
- Fine(s) of \$ [] paid through [] Community Supervision [] Clerk's Office [] Sheriff's Office (FEES & MD PAYABLE TO COMPONENTS)
- Court costs of \$ [] paid through [] Community Supervision [] Clerk's Office
- Supervision fee of \$50/month paid through Community Supervision (PSMF) [] Supervision fee waived (PPFW) (OR RESTITUTION COMPONENT)
- Restitution of \$ [] to [] paid through [] Community Supervision [] State's Attorney's Office by [] Date (RESTITUTION COMPONENT)
- Public Defender fees of \$ [] to the Office of the Public Defender for counsel fees. (PDFEE)
- Pay the following fees through Community Supervision or [] (FEES, RESTITUTION &/OR MD PAYABLE TO COMPONENTS)
- 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. (RESTITUTION COMPONENT)

B. Special Conditions (11-35):

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

Case/Citation No.
Defendant
SID No.
Tracking No.
Other Reference No.
Address

(IF AVAILABLE, PLACE LABEL HERE.)

Convicted Count(s):
Sentence:
Part of Sentence Executed:
Suspended:
[] Balance of sentence suspended upon admission to treatment pursuant to HG §8-507 (MD CONFINEMENT BY COUNT COMPONENT)
Credit for Time Served:
Length of Probation: [] Month/Year(s)
[] Participate and pay for psychological counseling

- 25. Complete _____ hours of community service by _____, under the direction of _____ and pay required fees. (CCSS)
- 26. Attend and successfully complete domestic violence counseling at _____ by _____ and pay required costs. (ADVC)
- 27. Have no contact with _____ . (HNCW)
- 28. Do not enter or be found near _____ . (DNBN)
- 29. Home confinement/detention to _____ for _____ months. (HOCO)
- 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. (SEX OFFENDER REGISTRATION COMPONENT)

- 31. Defendant shall keep appointment for HG §8-505 evaluation and shall immediately enter the recommended program upon admission. (DEKA)
 - 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). (SBEM)
 - To pay fee of \$ _____ for monitoring.
 - Fee waived.
- 33. Other _____ . (OTHR)

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

D. Recommendations to the Supervising Agency:

- 35. Transfer supervision to _____, State of Maryland. (MD PROBATION COMPONENT)

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 _____