



**Arizona Department of Corrections
Rehabilitation and Reentry
Conditions of Supervision and Release**

Release Type

CSBD ERCD SED

Offenders under supervision of the Arizona Department of Corrections Rehabilitation and Reentry shall be required to agree to the Conditions of Supervision and release as follows:

1. Upon release from custody and during my supervision, I will contact my Supervising Officer, or Duty Officer in person or by phone as directed.
2. I will maintain contact with my Supervising Officer and follow all directives I am given, either verbal or written. I will keep my Supervising Officer informed of my residency.
3. I will obey all city, county, state, federal and tribal laws. I will inform my Supervising Officer, within (1) working day, of any contact that I have had with any law enforcement agency. I will not engage in assaultive, violent, or threatening activities of any sort.
4. At no time will I own, possess, transport, use, or have under my control any electronic stun or control device, firearms, deadly or prohibited weapons, explosives or ammunition as defined in § A.R.S. 13-3101.
5. I will not possess, use, distribute, sell, manufacture, or have under my control any illegal drugs, controlled substances, narcotics, toxic vapors (as inhalants) or prescription drugs not prescribed to me by a licensed physician. I will submit blood, urine, saliva, or Breathalyzer samples when requested by any Supervising Officer.
6. I will not have any contact with any victims; I will not knowingly associate with any person engaged in criminal activity, or codefendants without prior authorization or permission from my Supervising Officer.
7. I will submit to a search of my person, personal property - including any electronic communication or internet enabled device, automobile, or place of residence at any time, with or without a warrant by any Community Corrections Officer or Supervisor.
8. If applicable, I will pay fees, fines, and/or restitution as determined by the Board of Executive Clemency, the sentencing court or state statutes.
9. I will secure a written travel permit/waiver of extradition from my Supervising Officer before leaving the State of Arizona. I hereby waive extradition if I should be arrested in any other state and will not resist being returned to the State of Arizona.
10. If applicable, I will not remain in or return to the United States illegally if I am deported or processed through voluntary departure. Should I illegally return to the United States, I hereby waive extradition from any jurisdiction in the United States and shall not contest any effort by any jurisdiction to return me to the state of Arizona.

By signing below, I agree to comply with the above listed conditions. Failure to sign will result in my not being released at this time.

OFFENDER NAME <i>(Last, First M.I.) (Please print)</i>	ADCRR NUMBER	SIGNATURE	DATE <i>(mm/dd/yyyy)</i>
WITNESS NAME <i>(Last, First M.I.) (Please print)</i>	SIGNATURE		DATE <i>(mm/dd/yyyy)</i>