



**LEHIGH COUNTY ADULT PROBATION AND PAROLE  
COURT OF COMMON PLEAS  
THIRTY-FIRST JUDICIAL DISTRICT  
455 WEST HAMILTON STREET  
ALLENTOWN, PENNSYLVANIA 18101-1614**

PAMELA SHEFFER, CHIEF  
KRISTIN BERKE, DEPUTY CHIEF

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**NAME:** \_\_\_\_\_

**CASE NUMBER(S):** \_\_\_\_\_

**LCID#:** \_\_\_\_\_

The Court of Common Pleas of Lehigh County has granted you \_\_\_\_\_ effective \_\_\_\_\_  
Listed below are the rules and regulations you are required to follow.

1. You shall follow all verbal and written instructions and report in person at such times and places as instructed by your supervising officer.
2. \_\_\_\_\_ is your approved residence and may not be changed without permission from your supervising officer. Any change must be reported within 72 hours prior to moving and shall be verified.
3. You shall not leave the Commonwealth of Pennsylvania unless permission has been granted by your supervising officer. If you are arrested in another state while under supervision of the Lehigh County Adult Probation Department, you agree to return to PA at any time you are directed by PA or the receiving state. You may have a constitutional right to insist that PA extradite you from the receiving state or any other state where you may be found. This is commonly called the right to extradition. You also understand and acknowledge that you have agreed to return to PA when ordered to do so either by PA or the receiving state. You agree that you will not resist or fight any effort by any state to return you to PA and you agree to waive any right you may have to extradition. You waive this right freely, voluntarily and intelligently.
4. You shall obey all laws. Any arrest or citation must be reported to your supervising officer within 72 hours.
5. You shall abstain from the unlawful possession, use, or sale of illegal drugs, mood altering or synthetic substances deemed to be illegal under the laws of the Commonwealth of Pennsylvania. Prescription medication may only be taken if and as prescribed.
6. You shall undergo drug screening as directed by your supervising officer.
7. You shall obtain and maintain employment. Your supervising officer must be notified within 72 hours of any change or loss of employment.
8. You shall not possess, or have contact with, any firearms, ammunition, imitation firearms, firearm parts, or any other deadly weapon; hunting is prohibited. You shall not possess body armor of any type.
9. You shall not behave in a manner which threatens or presents a danger to yourself or others.
10. You shall make all payments on your costs, fines, and restitution.
11. You shall permit the search of your person, property and residence without a warrant if reasonable suspicion exists by the Lehigh County Adult Probation Department in accordance with 42 PA Cons Stat Section 9912 (2014), to ensure your compliance with the terms and conditions of your supervision. Any items, the possession of which constitutes a violation, shall be subject to seizure and may be used as evidence in the violation process.
12. You will not enter into any agreement to act as a confidential informant for any law enforcement agency without the written permission of the Lehigh County Adult Probation Department.
13. You shall obey any other conditions as may be ordered by the Court at the time of sentencing and any conditions imposed by the Lehigh County Adult Probation Department in furtherance of the trial court's conditions.
14. You shall undergo DNA testing, pursuant to Act 185 of 2004, Act 111 of 2011 and Act 147 of 2018, if applicable.

If you are arrested for a new criminal offense or violate any of the conditions of your supervision, the Lehigh County Adult Probation Department may detain you, without bail, in a correctional facility or notify the District Attorney's Office to remove you from the A.R.D. Program. If after the appropriate hearing(s) the Court decides you are in violation of any condition of your supervision, you may be re-sentenced or remanded to jail for such time as specified by the Court.

Name of Defendant \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Name of Attorney \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Date \_\_\_\_\_