



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

MARK D. SUROVY
CHIEF

PHONE (610) 782-3933
FAX (610) 871-2784

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, discharge or have any contact with any firearm or deadly weapon; hunting is prohibited.
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.

OFFENDER GRIEVANCE PROCEDURE

An Offender Grievance Procedure has been developed to assist you if you believe you have a complaint about any administrative decision, action, policy or regulation of the Department. If you believe you have a valid complaint concerning your supervision, you must try to resolve the situation with your supervising officer. If your attempts to resolve the situation are unsuccessful, you must submit a written request no later than 10 days to discuss your complaint with the supervising officer and his/her supervisor. The supervisor will conduct a meeting during which he/she will listen to both sides of the complaint and attempt to negotiate a compromise. If an agreeable solution cannot be reached during this second step of the appeal process, you have one final option. Within 5 working days you must submit a written grievance to the Chief Adult Probation Officer. A final appeal will be reviewed by the Chief within 10 days of receiving your written grievance, and a ruling will be made with or without the benefit of a hearing. If the Chief holds a full hearing, it would be at a time convenient to all parties involved. The decision of the Chief Adult Probation Officer shall be final.

NAME: _____

LCID# _____

AVAILABILITY OF SUPERVISION SERVICES

Regular office hours are Monday through Friday, 8:00 a.m. to 4:30 p.m. The Lehigh County Adult Probation Department has 24 hour on-call services in cases of emergency. An emergency is defined as notification of an alleged criminal or technical violation of your supervision or required intervention concerning the health and safety of you or another individual. All other calls should be made to the office during regular office hours. To contact an on-call officer, in cases of an emergency, call (610) 704-6687.

Assistance with local resources including crisis and emergency housing, health care, and job listings is available 24 hours a day, 7 days a week. 2-1-1 is a free and confidential service that will help you find the local resources you need. You can reach 2-1-1 by calling **2-1-1 or (855) 501-6785**, or visiting the website at **www.211.org**.

I have read, and have had read to me, the conditions of my supervision. I fully understand them and agree to follow them. I understand the penalties involved should I, in any manner, violate them.

X _____
Offender Signature

Date_____
Probation Officer/Aide Signature_____
Date

I acknowledge that the translations of the offender's conditions are true and correct.

Translator Signature_____
Date

IDU Reporting

Report between 8:30 a.m. and 10:30 a.m. on Friday, _____, and every Friday until your case is assigned.

X _____
Offender Signature

Date_____
PO/Aide Initials

72 Hour Reporting

X _____
Offender Signature

Date_____
PO/Aide Initials

PAVE or SORNA Reporting (Adam Walsh Act)

Report to the Adult Probation Department on _____.

X _____
Offender Signature

Date_____
PO/Aide Initials