



Luzerne County Department of Probation Services

## Adult Probation & Parole

20 N. Pennsylvania Ave, Penn Place Suite 302, Wilkes-Barre, PA 18711-1001

Phone: (570) 825-1725 • Fax (570) 822-7866 • TDD 570-825-1860

### **RULES & REGULATIONS: CONDITIONS GOVERNING SUPERVISION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The Court has conditionally placed you in the legal custody of Luzerne County Adult Probation & Parole Department (LCAPPD). You will remain in custody until the expiration of your sentence or until further order of the Court. In the case of a violation of these rules and regulations, LCAPPD has the authority to arrest/detain you as a violator and either remand you to Luzerne County Correctional Facility or lodge a detainer against you if you are already incarcerated in another facility. LCAPPD will make recommendations to the Court that may result in the revocation of your sentence and commitment to a correctional facility to serve your sentence.

In the event of a violation you are entitled to the following rights: 1) To be notified in writing prior to a hearing of the time and place and of the specific violations charged, 2) Representation at all hearings of counsel of your choice or appointed counsel, 3) Preliminary hearing (Gagnon I) before the Court to determine whether there is probable cause to believe a violation has occurred, and 4) A comprehensive hearing (Gagnon II) before the court where LCAPPD will present evidence to support the violation, you may confront adverse witnesses, and you may present evidence and favorable witnesses on your behalf. Following these proceedings, if the Court decides that you have violated your supervision, you may be committed to prison for such time as specified by the Court, in accordance with the statutes of the Commonwealth of Pennsylvania.

**Regular office hours are Monday through Friday, 8:30 AM to 4:30 PM, except federal holidays.**

LCAPPD has a 24-hour on-call service in case of **EMERGENCY ONLY**. An emergency is defined as “notification of an alleged criminal or technical violation of your supervision - *or* - required intervention concerning the health or safety of you or another individual”. In these situations **ONLY**, call the on-call officer at 570-362-2553.

<b>Case #s:</b>	<b>Judge:</b>
<b>Sentence:</b>	
<b>Offense(s):</b>	
<b>Effective Date:</b>	
<b>Maximum Date:</b>	

<b>Your Supervising Officer is:</b> _____	<b>Phone:</b> _____
<b>You are scheduled for Intake Processing on:</b> _____	
You must bring these Rules & Regulations, a valid photo identification, medical insurance cards and physician contact information, and a listing of all prescribed medications. Failure to report will be considered a violation of your supervision and may result in a warrant being issued for your arrest.	
<b>I acknowledge that I have been furnished with the Rules &amp; Regulations and I will report for Intake Processing as stated above.</b>	
_____ Signature	_____ Date
	_____ LCAPPD Initials

## **RULES & REGULATIONS: CONDITIONS GOVERNING SUPERVISION**

1. You will report *at least once monthly* in person, by mail, telephone, email, or *as directed by your supervising officer or other officer authority*. You will follow all verbal and written instructions and will *immediately* respond to any communication from LCAPPD. The responsibility to report falls upon you, the offender.
2. \_\_\_\_\_ is your approved residence. Your address cannot be changed without the prior permission of LCAPPD.
3. You will not leave the Commonwealth of Pennsylvania without written permission from LCAPPD. If you are apprehended outside the Commonwealth of Pennsylvania, you waive all rights to extradition and will not resist return to Luzerne County. You are responsible for any and all costs incurred by your extradition.
4. You will comply with all municipal, county, state, and federal laws. Failure to do so will be considered a violation of your supervision. You will immediately report to your supervising officer any arrest, citation, or contact with law enforcement.
5. You will not act as an informant or agent for any federal, state, county, or municipal law enforcement agency, district attorney's office, or Office of the Attorney General without written permission from the Chief Probation Officer. A written request must be submitted by the agency requesting your cooperation.
6. If the Court has not prohibited you from consuming alcoholic beverages, you will not drink to excess and your BAC will be below 0.08%. You will refrain from the unlawful possession, consumption, and sale of illegal drugs, mood altering herbal or synthetic substances, drug paraphernalia, and/or prescription drugs (unless medically prescribed and reported to LCAPPD within 24 hours). You will submit to random testing when ordered by your supervising officer.
7. You will not possess, or have any contact with, any firearms, lookalike firearms, explosives, ammunition, and/or deadly weapons. Hunting is not permitted.
8. You will not behave in a manner that threatens or presents a danger to yourself or others.
9. You will obtain and maintain employment unless you are a full-time student, retired, or otherwise unable to work (either temporarily or permanently and with the approval of LCAPPD). Your supervising officer must be notified of any change/loss of employment.
10. You will be truthful with all information, verbal or written, that you provide to LCAPPD.
11. You will not associate with individuals of known criminal record or those determined by LCAPPD as having a disreputable or harmful character. You will not associate with those known by you to be involved in criminal activity and/or the use of illegal drugs/alcohol. You are not permitted to visit inmates in any jail or prison without the written permission of LCAPPD. You will not associate with those currently under supervision outside a treatment setting.
12. If LCAPPD has reasonable suspicion, you are subject to search of your person, place of residence, or vehicle without a warrant. Items that constitute a violation of your probation/parole or the law are subject to seizure and will be used as evidence against you.
13. You will pay all fines, restitution, program fees, and a monthly supervision fee of \$60.00. It is your responsibility to set up a payment plan and inform Court Collections of any change in your financial status. Court Collections can be reached by calling 570-825-1725, then press 2.
14. You will comply with all special conditions imposed by the Court (*see following page*).

**RULES & REGULATIONS: CONDITIONS GOVERNING SUPERVISION**  
**COURT ORDERED SPECIAL CONDITIONS**

**Drug & Alcohol Evaluation**

If you are a resident of Luzerne County, Adult Probation & Parole will refer your case to a licensed agency. If you are not a county resident, you must locate a licensed agency where you reside. Verification, in writing, of the results of your evaluation and compliance with the recommendation(s) must be supplied to your assigned Probation Officer.

*The cost of the evaluation and treatment is at your expense. Payment questions must be directed to the agency where your evaluation and treatment will be completed.*

**Alcohol Highway Safety School (AHSS): \$250.00**

Classes are offered on weekday evenings, Saturday mornings, and in accelerated weekend sessions. *Adult Probation & Parole will refer your case to the Department's DUI Program and you will be contacted to be scheduled.*

The DUI Program Office is located in Penn Place, 2nd Floor - Suite 201.

Office Hours are Monday to Friday, *excluding holidays*, from **8:30 AM to 11:45 AM** and from **1 PM to 4:15 PM**.

The office can be reached at **570-408-8595**, via email [DUIProgram@luzernecounty.org](mailto:DUIProgram@luzernecounty.org), and by fax 570-408-1311.

**Mental Health Evaluation**

If you are a resident of Luzerne County, Adult Probation & Parole will refer your case to a licensed agency. If you are not a county resident, you must locate a licensed agency where you reside. Verification, in writing, of the results of your evaluation and compliance with the recommendation(s) must be supplied to your assigned Probation Officer.

*The cost of the evaluation and treatment is at your expense. Payment questions must be directed to the agency where your evaluation and treatment will be completed.*

**Community Service: \$50.00**

Hours must be completed at a non-profit agency. *Hours done at for-profits agencies or for private citizens will **NOT** be accepted. The Community Service Program is responsible for the assignment and verification of all hours.*

The Community Service office is located in Penn Place, 2nd Floor - Suite 201.

Office Hours are Monday to Friday, *excluding holidays*, from **8:30 AM to 11:45 AM** and from **1 PM to 4:15 PM**.

The office can be reached at **570-408-8595**, via email [communityservice@luzernecounty.org](mailto:communityservice@luzernecounty.org), and by fax 570-408-1311.

**Anger Management/Batterer's Intervention Evaluation/Classes**

If you are a resident of Luzerne County, Adult Probation & Parole will refer your case to an agency within Luzerne County. If you are not a county resident, you must locate an agency where you reside and supply your Probation Officer with written verification of your compliance with the court ordered evaluation and/or treatment. *The costs of all programs are at your expense and payment questions must be directed to the agency where you will fulfill your conditions.*

**Random Testing:** at the discretion of your supervising officer or by increment set by the Court \_\_\_\_\_

**No alcohol in public or private.**

**Do not frequent places serving alcohol (except for employment).**

**Do not associate with persons using drugs or alcohol.**

**No contact with victim(s)/witness(es)/co-defendant(s):** \_\_\_\_\_

**Restitution:** \_\_\_\_\_

**Other:** \_\_\_\_\_

Day Reporting Center                       License suspended                       GED/Vocational Counseling

Electronic Monitoring                       Ignition Interlock                       Maintain Employment

**I have read, or have had read to me, the Rules & Regulations and Court Ordered Special 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.**

\_\_\_\_\_  
Offender's Signature

\_\_\_\_\_  
Officer's Signature As Witness

\_\_\_\_\_  
Offender's Name Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer's Name Printed

\_\_\_\_\_  
Date

**GRIEVANCE PROCEDURE**

A Grievance Procedure has been developed to assist you if you believe you have a complaint about any administrative decision, action, policy, or regulation. If you believe you have a valid complaint regarding your supervision, you must try to resolve the situation with your supervising officer. If your attempt to resolve the situation is unsuccessful, you must submit a written request no later than ten (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 grievance 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 five (5) working days you must submit a written grievance to the Chief Adult Probation & Parole Officer. The Chief Adult Probation & Parole Officer will review the final appeal of your grievance within ten (10) days of his receiving your grievance. The Chief Probation & Parole Officer will rule on your grievance with or without benefit of a hearing. A decision by the Chief Probation & Parole Officer shall be final.

---

<b>Offender's Initials</b>	<b>Date</b>	<b>Officer's Initials</b>	<b>Date</b>
----------------------------	-------------	---------------------------	-------------

---

**AGREEMENT TO RETURN TO LUZERNE COUNTY, PENNSYLVANIA**

I have been convicted of, or plead guilty to the commission of a crime. I have been sentenced by the Luzerne County Court of Common Pleas, Eleventh Judicial District of the Commonwealth of Pennsylvania, to the custody and supervision of Luzerne County Adult Probation & Parole. As a condition of my sentence, probation or parole, I understand and agree that if I abscond from the custody and supervision of Luzerne County Adult Probation & Parole and am apprehended in or outside the United States, I waive all rights to extradition and agree to return to Luzerne County. I will not contest any efforts to return me to Luzerne County, Pennsylvania. I understand that I will be detained in a prison until released to officers of Luzerne County, Pennsylvania, or their agent.

*This pre-signed waiver of extradition complies with Title 42, Section 9146.1, Pa. C.S.A., Judiciary and Judicial Procedure and the Uniform Criminal Extradition Act, 1976, July 9, P.L. 586, No. 142 & 2, effective June 27, 1978.*

---

<b>Offender's Initials</b>	<b>Date</b>	<b>Officer's Initials</b>	<b>Date</b>
----------------------------	-------------	---------------------------	-------------

---

**WAIVER & CONSENT FOR CONTROLLED SUBSTANCE ALCOHOL TESTING**

As a condition of my probation and parole, I agree that at any Modification or Revocation Hearing held in my case, the Commonwealth of Pennsylvania may introduce into evidence, without further authentication and without the opportunity of cross examination or confrontation, the written results of any scientific test taken of me to determine the presence of any controlled substance or alcohol in my body system.

This Waiver and Consent means that unless I serve written objection upon the District Attorney's Office of Luzerne County ten (10) days prior to any Revocation or Modification hearing, the written results of such testing may be considered by the Court in deciding my case.

I further agree that if I do serve a written objection, I consent to a continuance in my Revocation or Modification Hearing to allow the Commonwealth to secure witness(es) to authenticate the test results and lastly agree that if a witness is called to testify and the test results prove to be positive for the presence of a controlled substance or alcohol in my body system, I will pay the costs incurred by Luzerne County to secure the presence of such witness(es) in Court

---

<b>Offender's Initials</b>	<b>Date</b>	<b>Officer's Initials</b>	<b>Date</b>
----------------------------	-------------	---------------------------	-------------

---