



Luzerne County Department of Probation Services

Pretrial Services

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

Phone: (570) 825-1725 • Fax (570) 408-8193 • TDD 570-825-1860 • pretrial@luzernecounty.org

Conditions of Pre-Trial / Bail Supervision

Defendant:	_____	DOB:	_____
Docket(s):	_____	Judge:	_____
	_____		_____
	_____		_____

The Court of Common Pleas of Luzerne County, 11th Judicial District of the Commonwealth of Pennsylvania, in accordance with and pursuant to the Pennsylvania Rules of Criminal Procedure Rule 530, designates the Luzerne County Department of Probation Services (Pretrial Services), as the bail agency with all duties and powers provided for by said rules.

Upon breach of any condition of bail, Pretrial Services has the authority to seek a warrant for your arrest and remand you to the Luzerne County Division of Corrections (LCDOC) pending a bail revocation hearing, pursuant to *Pennsylvania Rules of Criminal Procedure, Rule 536* (Procedures Upon Violation of Conditions: Revocation of Release and Forfeiture; Bail Pieces; Exoneration of Surety). The Court may declare the bond forfeited and make a record thereof. Upon such declaration, written notice of such forfeiture shall be given and you may be remanded to LCDOC pending final disposition of your criminal proceedings.

You are notified of the following:

- 1) Information disclosed to the bail agency may be used against you in a court of law.
- 2) Information about your case shall be disclosed *only* to:
 - a. You, the Defendant
 - b. Defendant’s counsel of record
The Luzerne County Public Defender’s Office is located at 20 N. Pennsylvania Avenue, 2nd Floor, and may be reached by telephone at 570-825-1754.
 - c. Issuing authority/Court of Common Pleas (in case of lower court bail violation)
 - d. Attorney for the Commonwealth
 - e. Members of Probation Services *for preparation of a pre-sentence report*
- 3) Information about your case shall only be disclosed for the following reason(s):
 - a. Purposes of, and relating to, bail
 - b. Pre-sentence report as ordered by and to the Court of Common Pleas of Luzerne County
 - c. In prosecution for falsity of information
 - d. For impeachment purposes to the extent permitted by law

*Pretrial Services is located within Probation Services, Adult Probation & Parole Division at:
20 N. Pennsylvania Avenue, Penn Place Building 3rd Floor (Suite 302)*

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

Visit us online: <https://www.luzernecounty.org/1289/Pretrial-Services>



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Phone: (570) 825-1725 • Fax (570) 408-8193 • TDD 570-825-1860 • pretrial@luzernecounty.org**Conditions of Pre-Trial / Bail Supervision: General Rules & Regulations**

1. You will appear before the issuing authority and/or the Court of Common Pleas of Luzerne County at all times your presence is required, ordered, directed, and until final disposition of your case.
2. You will follow all further orders of Pretrial Services, including verbal and written instructions and you will *immediately* respond to any communication from Pretrial Services.
3. Unless otherwise specified by the issuing authority, and/or approved and directed by Pretrial Services, you will report by the following method and in accordance with the following schedule. Any change must be approved by Pretrial Services.

<input type="checkbox"/> Monthly	1 st Tuesday of each month, between 8:30 AM & 11:30 AM by phone or email
<input type="checkbox"/> 2x/month	1 st and 3 rd Tuesday of each month, between 8:30 AM & 11:30 AM
<input type="checkbox"/> 2x/month	1 st and 3 rd Thursday of each month, between 8:45 AM & 11:45 AM or between 1:00 PM & 4:15 PM
<input type="checkbox"/> Weekly	Every Thursday, between 8:45 AM & 11:45 AM or between 1:00 PM & 4:15 PM
<input type="checkbox"/> Other:	
4. You will give written notice to Pretrial Services, to the Clerk of Courts, and to the District Attorney, of any change of address within 48 hours of the change.

5. Any change in phone number must be reported to Pretrial Services within 48 hours of the change.

6. You will not leave the Commonwealth of Pennsylvania without notifying Pretrial Services at least 72 hours in advance of travel. You will be required to provide details of travel to your Pretrial Officer.
7. You will refrain from criminal activity and will comply with all municipal, county, state, and federal laws. You will immediately report any arrest, citation, or new contacts with law enforcement to Pretrial Services.
8. 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). *Written verification of prescribed medication must be supplied to Pretrial Services within 48 hours.*
9. You will submit to random testing as directed by the issuing authority.
10. You will not associate with any co-defendant, without the permission of the issuing authority/Pretrial Services.
11. You will have no contact with the victim(s), without the permission of the issuing authority/Pretrial Services.

12. You will comply with all additional stipulations of pretrial supervision as ordered by the issuing authority/Court of Common Pleas of Luzerne County, outlined on the following page.



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Conditions of Pre-Trial / Bail Supervision: Court Specified Conditions

Electronic Monitoring (EM) and comply with costs/payments

The cost of EM is at your expense. Compliance with the costs and payments associated with EM is required. Questions regarding your EM financial obligations must be directed to **CDIBTM**, located at **15 Public Square, Suite 401, Wilkes-Barre, PA**. The EM office can be reached at 570-972-2626.

EM Office hours are Monday to Friday, *excluding holidays*, from 8:30 AM to 4:30 PM. All EM schedules must be approved. Requests can be made *via text* (570-533-8180) or email EMLuzerne@cdibtm.com.

Drug & Alcohol Evaluation, and comply with the recommendations/treatment

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 Pretrial Services.

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.

Referred to: _____

Mental Health Evaluation, and comply with the recommendations/treatment

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 Pretrial Services.

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.

Referred to: _____

Anger Management/Batterers Intervention

If you are not a county resident, you must locate a licensed agency where you reside. Verification, in writing, of your compliance with treatment must be supplied to Pretrial Services. *The cost of the classes/treatment is at your expense.*

Payment questions must be directed to the agency where your evaluation and treatment will be completed.

Referred to: _____

Other conditions(s):

NOTICE: PRETRIAL SERVICES Automated Number: (272) 268-3323 *DO NOT CALL THIS NUMBER*

When You Receive a Message: When you receive a text Message, you can reply back. If the message is delivered successfully, your Pretrial Officer will receive an alert. Keep texts short and precise.

How to Initiate a Message: You can initiate a text message to your Pretrial Officer for Pre-Trial related matters. Store this number in your phone and send a text as usual.

You will periodically receive messages from PRETRIAL SERVICES. These messages will occur via text (SMS).

The number of messages you receive will depend on a variety of factors including, but not limited to your level of supervision and your compliance with programming. *Your signature below indicates that you acknowledge your supervision is subject to Messaging Services.*

I have read, or have had read to me, the conditions of my pretrial supervision. I fully understand them and agree to follow them. I understand the potential penalties involved should I, in any manner, violate or fail to comply with the directives outlined by the issuing authority/Pretrial Services.

DEFENDANT'S SIGNATURE

PRETRIAL OFFICER SIGNATURE

DEFENDANT'S NAME PRINTED

DATE

PRINTED NAME

DATE