

PROBATION WITH RESTRICTIVE CONDITIONS PROGRAM (R.P.)

APPLICATION

Pike County Probation

412 Broad Street

Milford, PA 18337

570-296-7412

EACH AND EVERY LINE MUST BE INITIALED
DRUG AND ALCOHOL ASSESSMENT AND TREATMENT

**ALL APPLICANTS MUST HAVE A DRUG/ALCOHOL ASSESSMENT AS PART OF THE
APPLICATION PROCESS**

In Order to process your application

All Information Must be Accurate and Complete

Failure to provide the information

May result in a delay or denial of the application

If Accepted into the Restrictive Probation Program, you will be subject to the Rules of Electronic/GPS Monitoring (Exhibit A) and/or the rules for Remote Alcohol Detection Monitoring (Exhibit B), for a period of time as Ordered by the Court . ***It is not necessary to initial or sign the exhibit(s) at this time, that will be done with a Probation Officer after Sentencing.***

NOTE: PCARE applicants must be Pike County residents and must live in Pike County for a minimum period of 6 months of supervision.

ALL other RP applicants must reside in Pennsylvania and remain doing so for a minimum of 6 months of supervision and reside in a County which has an RP program with the capability of GPS and alcohol detection monitoring (if applicable).

**INSTRUCTIONS FOR COMPLETING THE R.P. PROGRAM
APPLICATION**

D.U.I. OFFENDERS

Please read this page before completing the application!

To guarantee your application will be processed in time for court, you MUST RETURN THIS APPLICATION (which includes completion of all requirements listed within) to the Pike County District Attorney's Office no later than 2 weeks prior to your Court Order Sentencing date. You may contact the Adult Probation & Parole Office at any time with questions regarding the completion of the application. Please ask to speak with an R.P. Officer when you call.

The application process for the R.P. Program consists of three parts:

- Part 1) Completing a full Drug/Alcohol Assessment and be in compliance with Drug and/or Alcohol Treatment as a part of sentencing.
- Part 2) Completing and returning the attached application to the Pike County District Attorney's Office.
- Part 3) Prior to sentencing, you MUST schedule your Alcohol Safe Driving Classes.

Check list:		Date completed
_____	CRN Evaluation completed at CMP Drug and Alcohol Commission 570-296-1054	_____
_____	Alcohol Safe Driving Classes are scheduled to start:	_____
_____	Full Drug and Alcohol Assessment completed on:	_____
_____	R.P. Application is thoroughly completed.	_____

IN CONJUNCTION WITH THIS APPLICATION THE PIKE COUNTY PROBATION OFFICE WILL BE CONDUCTING A PRE-SENTENCE INVESTIGATION FOR THE COURT. THIS APPLICATION MUST BE RETURNED AT THE DATE & TIME OF YOUR SCHEDULED PRE-SENTENCE INVESTIGATION INTERVIEW.

DEFENDANT'S SIGNATURE DATE

**CIRCUMSTANCES UNDER WHICH YOU WILL BE DENIED THE R.P.
PROGRAM**

Reasons the Program staff will recommend DISAPPROVAL of the R.P. Program include, but are not limited to the following.

1. The defendant's failure to follow through with efforts to implement R.P. Program.

INITIAL _____

2. The defendant's failure to comply with previous periods of Probation/Parole to the extent that compliance with the terms of the R.P. Program is unlikely.

INITIAL _____

3. The current offense involves serious injury to another person.

INITIAL _____

4. The defendant has been convicted of a violent offense within the last 10 years, as defined by statute: 42 Pa. C.S.A. 9802.

INITIAL _____

5. The defendant committed the current offense while on probation, parole, or while serving a R.P. Sentence.

INITIAL _____

6. The defendant exhibits violent propensities.

INITIAL _____

7. At the time of this offense a defined minor was present in the vehicle.

INITIAL _____

8. Your residence is not equipped with a land-line telephone, IF YOU RESIDE IN AN AREA WITH INSUFFICIENT CELLULAR SERVICE.

INITIAL _____

DEFENDANT/FAMILY INFORMATION

Name: Last _____ FIRST _____ MI _____

ALSO KNOWN AS: _____

CITY/STATE OF BIRTH _____

SEX: M OR F RACE: _____ DOB _____ SOCIAL SECURITY NO: _____

EYE COLOR: _____ HAIR COLOR: _____

SCARS: _____ MARKS: _____

TATTOOS: _____

HOME ADDRESS: _____ APT# _____ CITY: _____

TOWNSHIP: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE# FOR EHS/GPS _____ HOW LONG AT ADDRESS _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

(IF DIFFERENT)

MARITAL STATUS: _____ SPOUSE'S NAME _____ NO. OF CHILDREN: _____

NAME AND RELATIONSHIP OF PERSON(S) YOU RESIDE WITH (You must list everyone)

EDUCATION: LESS THAN GRADE 12 GRADE 12 OR G.E.D MORE THAN GRADE 12

ARE YOU IN SCHOOL: YES OR NO, IF YES WHERE _____

MILITARY BRANCH: _____ NO. OF YEARS: _____ DISCHARGED: _____

ACTIVE _____ INACTIVE _____ TYPE OF DISCHARGE _____

FINANCIAL/EMPLOYMENT

UNEMPLOYED: YES OR NO _____ LENGTH OF TIME UNEMPLOYED: _____

OCCUPATION: _____ COMPANY NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NO. _____ HOW LONG EMPLOYED _____

NET INCOME: \$ _____ WEEKLY OR BIWEEKLY OR MONTHLY _____

WORK HOURS: _____ (SPECIFY DAYS AND HOURS) _____

IMMEDIATE SUPERVISORS NAME: _____

WORK PERFORMED IS: IN STATE _____ OUT OF STATE _____ BOTH _____

OTHER FINANCES

SOCIAL SECURITY: YES OR NO AMOUNT: _____ EVERY MONTH
WELFARE: YES OR NO AMOUNT: _____ EVERY MONTH

DO YOU RECEIVE SPOUSAL/CHILD SUPPORT: YES OR NO AMOUNT: _____
DO YOU PAY YOUR COURT ORDERED SUPPORT: YES OR NO AMOUNT: _____
NAME OF CREDIT CARDS IN YOUR NAME: _____
DO YOU HAVE A CHECKING ACCOUNT: YES OR NO & NAME OF BANK _____

VEHICLE INFORMATION

VEHICLE MAKE: _____ MODEL: _____ COLOR _____
OPERATORS LICENSE _____ STATE _____
LICENSE PLATE NO. & STATE _____ OWNER: _____

DEFENDANT'S FAMILY

FATHER'S NAME: _____
MOTHERS MAIDEN NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____
TELEPHONE: _____

EMERGENCY CONTACT PERSON(S)

YOU MUST LIST TWO (OTHER THEN THOSE ALREADY LISTED ABOVE)

1 NAME: _____ RELATIONSHIP: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____

2 NAME: _____ RELATIONSHIP _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____

DEFENDANT'S SIGNATURE

DATE

INFORMATION SHEET

1. WHAT CRIMINAL OFFENSE(S) ARE YOU CHARGED WITH? (YOU MUST LIST ALL)
2. WHAT DATE(S) WERE YOU ARRESTED?
3. WHAT POLICE DEPARTMENT ARRESTED YOU?
4. IF DUI, WHAT WAS THE BLOOD ALCOHOL LEVEL FOR EACH OFFENSE? IF THIS WAS A REFUSAL, PLEASE NOTE REFUSAL. THIS QUESTION IS MANDATORY.
5. WAS IT A BLOOD TEST OR BREATHALYZER?
6. WERE THERE ANY CONTROLLED SUBSTANCES OR PRESCRIPTION MEDICATIONS IN YOUR BLOOD?
7. WHO WAS IN THE CAR WITH YOU AT THE TIME OF THIS DUI? YOU MUST LIST ALL OCCUPANT'S NAMES AND MINORS AGES.
8. WAS THERE AN ACCIDENT INVOLVED IN THE INCIDENT? IF YES, EXPLAIN AND DESCRIBE ANY INJURIES.
9. WHO IS YOUR ATTORNEY OF RECORD? (NAME, ADDRESS, PHONE NUMBER)
10. HAVE YOU EVER LIVED IN ANOTHER STATE? IF YES, WHERE AND WHEN.
11. HAVE YOU EVER LIVED IN ANOTHER COUNTRY? IF YES, WHERE AND WHEN.
12. LIST ANY OTHER NAMES YOU HAVE BEEN KNOWN BY (MAIDEN, PREVIOUS MARRIED NAMES, ALIAS, ETC)
13. BESIDES THE CHARGE(S) FOR WHICH YOU ARE APPLYING, DO YOU HAVE ANY OTHER PENDING CHARGES? IF YES, EXPLAIN.
14. ARE YOU CURRENTLY ON PROBATION OR PAROLE?
15. IF YES, WITH WHAT STATE OR COUNTY ARE YOU ON SUPERVISION?
16. WHO IS YOUR PROBATION/PAROLE OFFICER? (PLEASE SUPPLY PHONE NUMBER)

17. LIST ALL PRIOR JUVENILE & ADULT ARRESTS :

DATE	OFFENSE	STATE/COUNTY	DISPOSITION

INITIAL _____



COMMONWEALTH OF PENNSYLVANIA
PIKE COUNTY PROBATION OFFICE
COUNTY ADMINISTRATION BUILDING, MILFORD, PA 18337
PHONE: (570) 296-7412

**ADULT
ELECTRONIC/GPS MONITORING RULES**

ELECTRONIC /GPS MONITORING CONSISTS OF A MONITOR THAT MUST BE WORN IN A MANNER PRESCRIBED BY THE MANUFACTURER. THE UNIT WILL MONITOR THE PERSON'S ACTIVITY ON A TWENTY-FOUR HOUR BASIS.

- 1. WHILE ON ELECTRONIC /GPS MONITORING YOU ARE PERMITTED TO LEAVE YOUR RESIDENCE FOR THE FOLLOWING REASONS AND ONLY WITH PRIOR AUTHORIZATION FROM YOUR PROBATION OFFICER. YOU ARE PERMITTED TO LEAVE WITHOUT PRIOR AUTHORIZATION IN THE CASE OF A LIFE-THREATENING EMERGENCY. YOU WILL BE REQUIRED TO FURNISH DOCUMENTATION TO VERIFY ANY EMERGENCY LEAVE.

- A: WORK (Must be on the books or verifiably self-employed)
- B: DRUG/ALCOHOL AND /OR MENTAL HEALTH TREATMENT
- C: DOCTOR'S APPOINTMENTS FOR YOURSELF OR A MINOR IN YOUR CUSTODY AND ONLY WHEN YOU ARE THE ONLY ADULT IN THE HOME
- D: APPOINTMENTS WITH YOUR PROBATION OFFICER.
- E: ALCOHOL HIGHWAY SAFETY SCHOOL
- F: COURT ORDERED COMMUNITY SERVICE
- G: COLLEGE/GED PROGRAMS
- H: FUNERAL (for the loss of a family member, however overnight travel is not permitted)
- I: HAIRCUT (once per month)
- J: FOOD SHOPPING (twice per month, if you reside alone OR utilize an EBT card)
- K: LAUNDROMAT (reasonable number of hours per week if your residence is not equipped with laundry equipment. Laundromat must be located within Pennsylvania.
- L: COURT APPEARANCES

INITIAL _____

- 2. WHILE ON ELECTRONIC/GPS MONITORING YOU MUST REPORT AS DIRECTED BY YOUR SUPERVISING PROBATION OFFICER.

INITIAL _____

- 3. YOU MUST REMAIN WITHIN THE INTERIOR OF THE DWELLING WHEN NOT AT ONE OF THE ABOVE APPROVED LOCATIONS. THIS MEANS NO PORCH, DECK, YARD, ETC.

INITIAL _____

- 4. YOU MUST COMPLY WITH THE SET SCHEDULE, (WHICH IS INTENDED TO BE PERMANENT), INCLUDING THE FOLLOWING:

- A) THE APPROVED LEAVE AND RETURN TIMES
- B) THE DESIGNATED LOCATION

INITIAL _____

5. YOU MUST HAVE AND MAINTAIN A SUITABLE AND VERIFIABLE RESIDENCE THROUGHOUT THE PERIOD OF ELECTRONIC/GPS MONITORING. THIS RESIDENCE MAY NOT BE CHANGED UNLESS 72 HOUR PRIOR NOTICE HAS BEEN MADE TO THE PROBATION OFFICE. PCARE participants must reside in Pike County for a minimum of 6 months, or for the term of Electronic/GPS Monitoring, whichever is greater.

INITIAL _____

6. THE TRANSMITTER CANNOT BE SUBMERGED IN WATER (BATHTUB, POOL, JACUZZI, ETC)

INITIAL _____

7. YOU ARE NOT TO POSSESS OR CONSUME ANY AND ALL ALCOHOL; AND NON-PRESCRIBED DRUGS MUST BE REMOVED FROM THE RESIDENCE. MEDICAL MARIJUANA USE REQUIRES A CURRENT MEDICAL MARIJUANA CARD AND DISPENSARY RECEIPTS. MEDICAL MARIJUANA MUST BE STORED IN ORIGINAL PACKAGING AND MAY ONLY BE USED IN A MANNER APPROVED BY THE PA DEPARTMENT OF HEALTH. YOU ARE SUBJECT TO RANDOM DRUG TESTING.

INITIAL _____

8. NO FIREARMS, DEADLY OR OFFENSIVE WEAPONS ARE PERMITTED IN THE RESIDENCE UNDER ANY CIRCUMSTANCES ALL FIREARMS MUST BE REMOVED. YOU AND PROPERTY UNDER YOUR CONTROL WILL BE SUBJECT TO WARRANTLESS SEARCH FOR REASONABLE SUSPICION.

INITIAL _____

9. COURT OFFICIALS SHALL BE PERMITTED ACCESS TO THE RESIDENCE DURING THE TERM OF THE PROGRAM. ADDITIONALLY, THE OFFICIALS SHALL BE PERMITTED TO SEARCH THE RESIDENCE, THE PARTICIPANT, AND THE PARTICIPANT'S VEHICLE, WHICH IS USED FOR THE TRANSPORTATION OF THE AUTHORIZED OR UNAUTHORIZED LEAVE. THE PARTICIPANT CONSENTS TO ALL TYPES OF THESE SEARCHES AND ACKNOWLEDGES THAT THEY MAY BE CONDUCTED WITHOUT A SEARCH WARRANT IF THERE IS REASONABLE SUSPICION TO BELIEVE THAT THE OFFENDER POSSESSES CONTRABAND OR OTHER EVIDENCE OF VIOLATION(S).

INITIAL _____

10. YOU MAY BE SUBJECT TO ARREST WITH OR WITHOUT A WARRANT IMMEDIATELY FOLLOWING A VIOLATION OF ELECTRONIC/GPS MONITORING.

INITIAL _____

11. YOU WILL BE HELD RESPONSIBLE FOR ANY DAMAGE OTHER THAN NORMAL WEAR TO THE ELECTRONIC/GPS MONITORING EQUIPMENT AND COMPONENTS. IF THE EQUIPMENT IS NOT RETURNED IN GOOD CONDITION, YOU MAY BE CHARGED FOR THE REPLACEMENT/REPAIR AND YOU MAY BE SUBJECT TO CIVIL AND /OR CRIMINAL PENALITIES.

INITIAL _____

12. IF A GPS BEACON OR ANY OTHER ELECTRONIC MONITORING EQUIPMENT IS PLACED IN THE HOME IT MAY NOT BE MOVED FOR ANY REASON. IF ANY EQUIPMENT IS CONNECTED TO AN OUTLET, IT MAY NOT BE DISCONNECTED.

INITIAL _____

13. YOU ARE RESPONSIBLE FOR MAINTAINING A BATTERY CHARGE TO THE EQUIPMENT. YOU MUST CHARGE ANY BATTERY PERIODICALLY TO PREVENT THE EQUIPMENT FROM REACHING "LOW BATTERY" STATUS.

INITIAL _____

14. YOU WILL COMPLY WITH ALL MUNICIPAL, COUNTY, STATE, AND FEDERAL CRIMINAL LAWS, AS WELL AS THE PROVISIONS OF THE VEHICLE CODE AND THE LIQUOR CODE. YOU ARE NOT TO ENTER ANY ESTABLISHMENT WHERE ALCOHOLIC BEVERAGES ARE SERVED.

INITIAL _____

15. NOTIFY YOUR PROBATION OFFICER WITHIN 24 HOURS OF ANY ARREST OR LAW ENFORCEMENT CONTACT.

INITIAL _____

16. YOU WILL COMPLY WITH ANY SPECIAL CONDITIONS WHICH HAVE BEEN IMPOSED BY THE COURT.

INITIAL _____

17. PIKE COUNTY SHALL NOT PROVIDE TRANSPORTATION OR MEDICAL/DENTAL CARE FOR YOU (except for services you may be eligible for through the Transportation Department)

INITIAL _____

18. IF YOU SHOULD BE ARRESTED IN ANOTHER STATE DURING THE PERIOD OF ELECTRONIC / GPS MONITORING YOU WILL WAIVE EXTRADITION AND WILL NOT RESIST BEING RETURNED BY THE COURT TO THE COMMONWEALTH OF PENNSYLVANIA. IF YOU VIOLATE ANY OF THE ABOVE CONDITIONS YOU WILL BE SUBJECT TO ARREST AND/OR REVOCATION OF FUTURE ELECTRONIC / GPS MONITORING UNTIL YOU HAVE A HEARING BEFORE THE COURT OR UNTIL SUCH TIME AS YOU MAY BE LEGALLY DISCHARGED.

INITIAL _____

AGREEMENT

I HAVE READ – OR HAVE HAD READ TO ME – THE FOREGOING CONDITIONS. I FULLY UNDERSTAND THEM AND AGREE TO ABIDE BY AND STRICTLY FOLLOW THEM, AND I FULLY UNDERSTAND THE PENALTIES INVOLVED SHOULD I IN ANY MANNER VIOLATE THEM.

NAME: _____

SIGNATURE: _____

PROBATION OFFICER: _____

DATE: _____

COUNTY OF PIKE
PROBATION OFFICE

ADULT PROBATION/PAROLE DEPARTMENT
PHONE: (570) 296-7412
FAX: (570) 296-3560



JUVENILE PROBATION DEPARTMENT
PHONE: (570) 296-7412
FAX: (570) 296-3560

412 BROAD STREET, SUITE 2
MILFORD, PENNSYLVANIA 18337

Date:
Po:
No:
Telephone No.

You have been Ordered by the Court to be placed on Remote alcohol detection monitoring through the use of a Soberlink unit or like device.

During the term you have been Ordered to be monitored, you agree to the following:

1. You must have a cellular phone with text messaging capabilities and permit your Probation Officer to set up your phone to receive messages from the monitoring center. If you don't have a cellular phone with text messaging capabilities, you must notify your Probation Officer so other arrangements can be made.
2. You will receive a text message to your cellular phone between 4 and 6 times daily, and you agree to have your phone accept these messages.
3. You must carry the unit with you (on your person or within arm's reach) at all times. It must not be left in an automobile or other area where it may be susceptible to damage from extreme hot or cold temperatures. You must store the device in the protective case at all times when not in use and away from items that contain alcohol. Missing a test due to a misplaced device constitutes a violation.
4. You understand that the alcohol detection unit will periodically transmit your location via GPS.
5. When you receive a message directing you to submit to a test, you MAY do so immediately, but must do so within 20 minutes of the time the text message indicates the next test is due.
6.
 - a. You may not consume any product containing alcohol, including over-the-counter medications (such as Nyquil and cough medications). If such medications are necessary, you must obtain documentation from a doctor and provide that documentation to your probation officer prior to taking the medication.

- b. You may NOT submit a breath sample until 20 minutes after using mouthwash or any product containing alcohol, such as but not limited to, hand sanitizing gel or any other topical substance (cologne, bug spray).
- c. You may NOT submit a breath sample if you have eaten, chewed gum, smoked, or used other tobacco products, or drank anything, including water, within the previous 20 minutes. Failure to obey this rule may result in damage to the Breathalyzer and/or cause inaccurate test results and will be considered a Violation of your Conditions of Supervision.

7. To submit to a test, do the following.

- a. Insert mouthpiece into the unit.
- b. Turn on the Breathalyzer.
- c. Press "submit" button.
- d. Blow when prompted (blue light will blink)
- e. Firm, steady blow is required for 4-5 seconds.
- f. The Breathalyzer will submit a report within 60 seconds.

8. While testing obey the following Do's and Don't

DO

- a. Use only the supplied mouthpiece.
- b. Hold the device at eye level.
- c. Look directly into the camera.
- d. Take a deep breath.
- e. Deliver a firm, steady stream of air for 4-5 seconds.

DON'T

- a. Wear glasses or hats
- b. Place fingers on the mouthpiece
- c. Obstruct the camera in any way.
- d. Block the back air vent.
- e. Use in temperatures below 32 degrees Fahrenheit or above 105 degrees Fahrenheit.

Failure to comply with the Do's and Don'ts will be considered a Violation of your Conditions of Supervision.

9. You are responsible for knowing when you are in a location without cellular phone service. Reminders are sent once after a missed test, but, thereafter, missing a test will be considered a Violation of your Conditions of Supervision. In case you lose service, your phone breaks, or other condition(s) render(s) you unable to receive

text messages, you must notify you Probation Officer as soon as possible the next business day the Probation Office is open AND submit tests (using the procedure in #7 above) no less than once every six hours until you are able to contact your Probation Officer.

10. You are responsible for keeping the unit charged utilizing the supplied charging device.
11. You are responsible for any damage other than normal wear to the unit and any accessories. You may be charged for replacement/repair and additionally may be subject to civil and/or criminal penalties.
12. You must notify your Officer of your current health status and any pre-existing medical conditions, particularly heart and lung disorders, which may interfere with your ability to successfully comply with the alcohol detection monitoring.
13. You may be subject to drug and/or alcohol urine screenings as directed by the Pike County Probation Office.
14. Your signature below acknowledges that you have read or have had read to you this document. You understand that you must comply with the requirements outlined in this document until notified otherwise by your supervising Officer. You agree to call your Officer immediately if you have any questions or if you experience any problems with the alcohol detection unit. You understand that any violation of the rules/procedures outlined in this document constitutes a violation and this may result in your arrest with or without a warrant. You acknowledge that you have been provided with a copy of this document.

DATE: _____

Defendant: _____

Probation Officer: _____