



## **RULES, REGULATIONS, AND SPECIAL CONDITIONS OF ELECTRONIC MONITORING SUPERVISION**

**MONTGOMERY COUNTY ADULT PROBATION AND PAROLE DEPARTMENT  
408 CHERRY STREET, PO BOX 311, NORRISTOWN, PA 19404**

1. I must remain in my place of residence during monitored hours as directed by my officer. I will only travel to locations approved by my officer. I will not enter into any areas that are defined as exclusion zones by my officer. Furthermore, I will report to my officer as directed. The responsibility to report falls upon me, the offender.
2. I must comply with all local, state, and federal criminal laws. I will notify my officer immediately if I am arrested by or if I am cooperating with any law enforcement agency. I will not enter into any agreement to act as a confidential informant for any law enforcement agency without permission from my officer. Furthermore, I will conduct myself in a manner that I will not create a danger to the community or myself. I will not participate in or condone illegal activity in my place of residence.
3. My officer will make supervision visits in my place of residence and/or employment. I will provide access to the dwelling in which I reside. This place of residence may not be changed without prior authorization from the Montgomery County Adult Probation and Parole Department. Firearms and/or lethal weapons are prohibited in my residence and/or on my property.
4. I will make every effort to obtain and maintain employment and support my dependent(s). I will submit a work schedule to my officer prior to being placed in the program. I will notify my officer within 72 hours of any change in my employment. Any changes in my work schedule or employer will be reported 72 hours prior to the change taking effect. Any changes in my work schedule or employer must be approved by the Montgomery County Adult Probation and Parole Department.
5. I must maintain a working phone that will allow me to respond to any and all communication attempt requests by my officer.
6. I will pay all fines, costs, and restitution in monthly installments as directed by the Court. Payments are to be sent to the **Clerk of Courts, Courthouse, P.O. Box 31 I, Norristown, PA 19404.**  
I am advised that all amounts over \$1,000 will cause a lien and filing fees to be placed against me. Further, my failure to pay my fine, costs, and restitution as directed by the Court may result in my account balance being submitted to a collection agency. An additional 25% collection charge will be added to my account balance.
7. I will cooperate and participate in any medical, psychological, and/or psychiatric examination, test, treatment and/or counseling as directed by the Court. If I enroll in treatment or counseling, I will immediately notify my officer and sign a confidential release with my treatment provider. I will remain in said program until released by my officer or until the satisfactory completion of said program.
8. I will abstain from the unlawful possession, use or sale of narcotics or other dangerous drugs and drug paraphernalia. I will abstain from the possession and/or consumption of alcohol and/or alcohol related products. I will submit urine sample(s) and/or breathalyzer upon request of my officer.
9. I will request that my prescription medication be non-narcotic and non-addictive and notify my officer prior to consuming and/or using any prescribed medication or any over the counter medication. If my physician requires me to take any prescribed narcotic, pain, and/or potentially addictive medication, I may have to obtain a doctor's note describing my need for such treatment. I will not take anyone else's prescribed medication. I will not consume diet pills. I will not use and/or possess any other mood altering or hallucinogenic substance.
10. I will not own, use, and/or possess any type of firearm, lookalike firearm, lethal weapon, explosives, and/or ammunition. Hunting is prohibited. I will notify my officer of any firearms registered to me.
- 11a. I will wear the ankle bracelet at all times and will not tamper with or remove it for any reason. I will charge the ankle bracelet twice per day for a minimum of 1 hour each time. I will return the device in working condition once I have completed the designated time. I understand that all ankle bracelet movement will be tracked and stored as official record.
- 11b. I will have my alcohol-monitoring device on me and charged at all times. I will submit a deep-breath sample for each test and the result must be 0.00%. Each test will include a photograph and the camera lens, straw, or my face may not be covered/hindered for any reason. I will return the device in working condition once I have completed the designated time. I understand that all test results will be tracked and stored as official record.

Initials: Client \_\_\_\_\_ A.P.O. \_\_\_\_\_

12. Visitors in my place of residence are restricted to a maximum of two people per day.
13. In the event of a medical emergency, I can seek treatment immediately. I must notify my officer by the next working day, between 8:00 a.m. and 4:00 p.m., and provide medical documentation to verify treatment and time of treatment.
14. The Montgomery County Adult Probation and Parole Department has the authority to search my person, place of residence, or vehicle without a warrant for any alcohol or illicit drugs, or upon reasonable suspicion of any criminal activity or violation of the conditions of my electronic monitoring.
15. I will not operate a motor vehicle without a valid driver's license. I acknowledge that if I do, it will be a direct violation of my supervision and I am subject to being detained on a violation.
16. Other Special Conditions:

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Initials: Client \_\_\_\_\_ A.P.O. \_\_\_\_\_

(APO – 8/2021)

**PROBATION/PAROLE AND INTERMEDIATE PUNISHMENT RIGHTS, WAIVER, AND  
ACKNOWLEDGEMENT:**

If I violate the rules and conditions of my probation/parole and intermediate punishment or am arrested on new criminal charges, the Montgomery County Adult Probation and Parole Department has the authority to arrest me as a probation/parole/IP violator, and either remand me to Montgomery County Correctional Facility or lodge a detainer against me if I am already incarcerated, pending appropriate hearings.

At that time, I am entitled to the following rights:

1. To be notified in writing at least three days prior to a hearing of the time and place, and of the specific violation(s) charged.
2. Representation at my hearings by counsel of my own choice or if I cannot afford counsel, one will be appointed free of charge.
3. A preliminary hearing (Gagnon I) must be held before the Court to determine whether there is probable cause to believe that a violation of probation/parole/intermediate punishment has occurred. (A preliminary hearing or a waiver of this hearing at the District Court level for a new offense will satisfy this requirement.)
4. A more comprehensive revocation hearing (Gagnon II) must be held before the Court where:
  - a.) The Adult Probation and Parole Department will disclose any evidence they have to support the alleged probation/parole/intermediate punishment violations.
  - b.) I can confront adverse witness(es) (unless the Court specifically finds good cause for not allowing confrontation).
  - c.) I can present evidence and favorable witness(es) on my behalf.

If the Court decides that I have violated one or more conditions of my probation/parole/intermediate punishment, I may be committed to prison for such time as may be specified by the Court, in accordance with statutes of the Commonwealth of Pennsylvania.

I understand that if I leave the Commonwealth of Pennsylvania at any time I may be directed to return to Pennsylvania. I know that I may have a constitutional right to insist that Pennsylvania extradite me from any state where I may be found. This is commonly called the right to extradition. I also understand and acknowledge that I agree to return to Pennsylvania when ordered to do so. Therefore, I agree that I will not resist or fight any effort by any state to return me to Pennsylvania and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

I hereby acknowledge that I have read, or have had read to me, the foregoing conditions of my probation/parole/intermediate punishment, and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them.

Furthermore, if I believe my rights have been violated or are about to be violated by an employee of the Montgomery County Adult Probation and Parole Department, I may file a written complaint to their immediate supervisor, who will investigate the complaint and respond in writing to the complainant. If I feel the need for further appeal, I am to proceed in a similar fashion according to the chain of command in the department.

\_\_\_\_\_  
Adult Probation Witness

\_\_\_\_\_  
Signature of Probationer/Parolee/IP

\_\_\_\_\_  
Date