

**ORDER OF PROBATION CONDITIONS
UPON FINDING OF GUILTY OR SUFFICIENT FACTS**

RISK/NEED OR OUI SUPERVISION
 ADMINISTRATIVE SUPERVISION

DOCKET NO(s). IN WHICH PROBATION WAS ORDERED

PROBATIONER'S NAME & ADDRESS

DISPOSITION

**Trial Court of Massachusetts
District Court Department**



**Chelsea District Court
120 Broadway
Chelsea MA 02150**

TO THE ABOVE-NAMED PROBATIONER: You are hereby placed on probation by this Court. Unless you are excused by your probation officer, you must appear in court on the probation end date indicated, at which time a report on your probation progress will be made. If you fail to appear on that date or any other date required, a warrant may be issued for your arrest.

PROBATION START DATE

PROBATION END DATE

GENERAL CONDITIONS OF PROBATION (You must comply with Items 1-6 unless struck out by judge.)

1. Obey all court orders and all local, state and federal laws, including any support order, as defined in G.L. c. 119A, § 1A.
2. Report to your probation officer at such times and places as he or she requires, and make no false statements to your probation officer.
3. Notify your probation officer within 48 hours if you change residence or employment.
4. Pay any ordered Probation Supervision Fees monthly or, if permitted by the court, perform community service monthly.
5. Submit a DNA sample to the State Police, if required to do so by law. Register with the Sex Offender Registry, if required to do so by law.
6. Sign all releases necessary for supervision and verification of compliance.

(You must also comply with Items 7-9 if "RISK/NEED OR OUI SUPERVISION" is checked above.)

7. Allow the probation officer to visit you in your home with or without notice.
8. Report to your probation officer within 48 hours after you are released from any incarceration.
9. Do not leave Massachusetts unless you get the express permission of your probation officer and sign a waiver of rendition.

SPECIAL CONDITIONS OF PROBATION (You must also comply with all items checked below and all payments ordered.)

10. **EMPLOYMENT/SCHOOL:** Remain employed or make reasonable efforts to obtain employment or attend school, and provide verification as required.
11. **WORK/SCHOOL VISITS:** Allow the probation officer to visit your place of employment or school with or without notice.
12. **SUBSTANCE ABUSE EVALUATION/TREATMENT:** As directed by the probation officer, and subject to review by a judge on request, submit to and successfully complete any substance abuse evaluation, treatment and aftercare at a non-residential program. and/or a residential program.
13. **DRUG/ALCOHOL TESTING:** Remain drug free alcohol free. Submit to random testing as required.
14. **MENTAL HEALTH EVALUATION/TREATMENT:** Submit to evaluation Complete treatment and take medications as prescribed
15. **SPECIFIC PROGRAMS:** Complete the following program(s), including any aftercare: Driver Alcohol Education (G. L. c. 90, § 24D)
 14-Day Residential Driver Alcohol Education Certified Batterer's Intervention Anger Management Treatment Other:
16. **HAVE NO CONTACT WITH** and **STAY** (distance) _____ **AWAY FROM:** (name[s]) _____
17. **COMMUNITY SERVICE:** Perform _____ hours of community service as directed by probation.
18. **HOME CONFINEMENT:** Submit to home confinement and electronic monitoring until _____ pursuant to the schedule approved by the Court.
19. **OTHER CONDITIONS:**

20. Make all **FINANCIAL PAYMENTS** listed below, as directed by probation.

JUDGE'S SIGNATURE

TYPE	AMOUNT	DUE DATE AND/OR TERMS	SIGNATURE OF JUDGE
Counsel Fee/Contribution	\$		X _____ DATE:
Default Warrant Fee	\$		INTERPRETER'S SIGNATURE
Default Warrant Arrest Fee	\$		SIGNATURE OF INTERPRETER, if any: I have translated the terms of this Order and the acknowledgment set forth above to the probationer prior to his/her signature.
Court Costs	\$		X _____ DATE:
Fine/Surfine/Civil Assessment	\$		PROBATIONER'S ACKNOWLEDGMENT OF ORDER
Restitution	\$		SIGNATURE OF PROBATIONER: I have read and understand the above conditions of probation and I agree to observe them. I understand that if I violate any such condition it may result in my arrest, revocation of probation, the entry of a guilty finding (if not already entered), and the imposition or execution of sentence. I have received a copy of this Order.
Victim/Witness Assessment	\$		X _____ DATE:
Probation Fee & Surcharge	\$		PROBATION OFFICER'S SIGNATURE
OUI § 24D State Fee	\$		SIGNATURE OF WITNESSING PROBATION OFFICER
OUI Victims Assessment	\$		X _____ DATE:
Head Injury Assessment/Surfine	\$		PROBATION OFFICER'S SIGNATURE
Drug Analysis Fee	\$		SIGNATURE OF WITNESSING PROBATION OFFICER
Batterer's Program Assessment	\$		X _____ DATE: