

**SUPERIOR COURT AT BARROW ALASKA**  
**Michael I. Jeffery, Superior Court Judge**

**[NOTE: A judge can use cut-and-paste to include such probation conditions on state judgment form. I use the 14 point type despite the small type in the state form. Adaptions are needed in each case, of course.]**

**GENERAL CONDITIONS OF PROBATION**  
**I KNOW THAT I MAY BE SENT TO JAIL IF I DON'T OBEY ALL THESE**  
**RULES**  
**I AM PUTTING MY INITIALS TO SHOW THAT I UNDERSTAND**

1. **Contact probation officer.**<sup>1</sup> I will contact my probation officer the next work day after I get out of jail. [            ]  
My initials
2. **Get probation officer permission.** I will ask my probation officer before moving to a new residence, leaving my approved region of residence, or getting a new job. [            ]  
My initials
3. **Find a job.** I will try to find a job and keep a job, if I can. I must tell my probation officer if I lose a job. [            ]  
My initials
4. **Visit probation officer every month.** I will visit my probation office before the tenth of each month. If my probation officer says it is okay, I can call in, email or fax a report instead. If my probation officer is not available, I must complete a written report to have credit for that visit. [            ]  
My initials
5. **No firearms or other weapons.** I will not carry any firearms, a switch blade knife, a gravity knife or any hidden weapons. [            ]  
My initials
6. **Get probation officer permission before being with felons.** I will let my probation officer know about any friends or family members that are on felony supervision or have a felony conviction. I won't be around people who I know are on felony probation or people who have a felony conviction unless my probation officer has given me permission in writing. Incidental contact or contact in a treatment program is okay. [            ]  
My initials
7. **Support dependents.** I will make a reasonable effort to support my dependents. [            ]  
My initials

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<sup>1</sup> Subject headings are not part of probation conditions,.

- 8. **Follow the laws.** I will stay out of trouble and follow the laws.   
My initials
- 9. **Tell probation officer about motor vehicle changes,** I will tell my probation officer if I buy or sell a car, truck, snow machine, or ATV.   
My initials
- 10. **Follow special rules from probation officer.** I will follow any special rules given by my probation officer or the judge to make sure I follow my general and special conditions of probation.   
My initials

**SPECIAL CONDITIONS OF PROBATION  
FOR DEFENDANT' NAME**

**I KNOW THAT I MAY BE SENT TO JAIL IF I DON'T OBEY ALL THESE  
RULES**

**I AM PUTTING MY INITIALS TO SHOW THAT I UNDERSTAND**

**Alcohol/Substance Abuse Conditions**

- 1. **Stay sober.** I will not possess, purchase, drink, give, or make alcoholic beverages, including homebrew.   
My initials
- 2. **Stay out of bars or liquor stores.** I will not knowingly enter or remain in a place where alcohol is the main thing being sold. This rule means I must stay out of bars, liquor stores, and bootlegger's houses.   
My initials
- 3. **Stay drug-free.** I will not purchase, possess or use any illegal drugs, including marijuana.   
My initials
- 4. **Alcohol-free drug-free residence.** I will only live in residence that has free of alcoholic beverages and illegal drugs (including marijuana).   
My initials
- 5. **Take tests for alcohol or drugs use.** If my probation officer requests (or if my probation officer directs another person to request) I will promptly give samples of my breath (including a "PBT") or urine or blood at the direction of my probation office to test for use of alcohol and illegal drugs (including marijuana). I will promptly give enough of a sample so that the test can be done.   
My initials

**6. Do recommended alcohol/drug abuse treatment.** Within **thirty (30) days** of when my probation begins, I will contact an alcohol/substance abuse treatment program approved by the Department of Corrections to get an appointment for a comprehensive assessment. I will take the first available assessment. If alcohol/substance abuse treatment is recommended, I will enter, actively participate and successfully complete recommended treatment, which may include outpatient treatment and after care and/or residential treatment of up to **thirty (30) days**.

My initials

**7. Sign releases.** I will sign permission slips (“releases”) so that the Department of Corrections can know about my participation and attendance at any of the evaluations and treatment programs and receive copies of evaluations, progress reports, and discharge summaries.

My initials

### **Other Conditions**

**8. Allow search.** Upon reasonable suspicion, my Probation Officer can search me without a warrant or the Probation Officer can tell a Police Officer to do a search without a warrant. The search can include my body, my personal property, my home, my vehicle, or any vehicle that I control. This search is for alcohol, including homebrew; for illegal drugs, including marijuana, and for weapons.

My initials

**9. DNA swab and fingerprints.** I will submit to having a swab taken from inside my cheek and to giving my fingerprints for the DNA Identification System when my Probation Officer asks me to.

My initials

**10. Approved residence.** I know I must tell my probation officer where I live, and that my residence must be approved by my probation officer. I may be required to live in a community where a probation officer is present and where approved treatment agencies are located.

My initials