



**Chester County Court of Common Pleas**  
**Rules and Conditions Governing Probation, Parole & Intermediate Punishment**

*Chester County Adult Probation & Parole Department*  
201 West Market Street, Suite 2100 West Chester, PA 19380  
610-344-6290

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I will abide by the following rules and conditions and my specific case plan, unless otherwise ordered:

1. I will comply with all Municipal, County, State and Federal Laws, Ordinances, Court Orders and conduct myself as a good citizen. I will report all arrests or contact with any law enforcement officer to my probation/parole officer within 72 hours.
2. I will report as directed to my probation/parole officer (PO). I will abide by any directives given me by my PO. The responsibility to report falls upon me, the offender.  
Method of reporting:  Monthly  Weekly  2 Times per week in person.  
If I am not contacted by the Adult Probation/Parole Department within 30 days of my sentence/release, I will contact my assigned PO who is listed at the end of this form.
3. I acknowledge that I am subject to the warrantless search of my person, property, vehicle or residence and the seizure and appropriate disposal of any contraband found, if it is reasonably suspected that I am in violation of my probation/parole (Act 35 of 1995, 61 P.S. 331.27b).
4. I will sign all releases necessary to further treatment and supervision aims, including permission to review diagnostic and treatment information. I will pay all costs associated with evaluations and treatment.
5. I will obtain advance permission from my PO before leaving the Commonwealth of Pennsylvania. I understand that I am not permitted to travel for leisure if I owe restitution or am not in compliance with my payment plan. Permission to travel will only be granted once all restitution owed is paid in full and I am in compliance with my set payment plan
6. I will obtain advance permission from my PO before making any change in my residence and/or employment. I will permit my PO to visit my residence. I will maintain employment unless engaged in a specific program approved by my PO. I will obtain advance permission before quitting my job or program. In the event that I lose my job or am terminated from a program, I will notify my PO within 72 hours.
7. I will not use or have in my possession any illegal drugs or controlled substance except as prescribed for me by a licensed medical practitioner. I will not consume alcoholic beverages.
8. I will submit to witnessed urinalysis, chemical or other type of testing to ensure compliance with these conditions. If the results of a urinalysis test are disputed, I have the option of confirming the test. My specimen will be sent to an independent laboratory for a fee of \$50.00, payable at the time the request is made. If the test is confirmed positive, I may face additional sanctions by the Court. If the test result is negative, I may choose to have the fee reimbursed or applied to my fines and costs. If I attempt to submit a fake or adulterated urine sample per 18 Pa. C.S. § 7509 I may be prosecuted for a misdemeanor of the third degree.
9. I will not possess, purchase, receive, sell or transport any firearms (handguns, shotguns, or rifles), ammunition, imitation (look-alike) firearms, explosive devices or any other deadly weapons. I am not permitted to live at any residence where firearms are present.
10. I will support my dependents, if any, and assume toward them all my moral and legal obligations. I will associate only with law-abiding persons and must refrain from frequenting unlawful or disreputable places.

Initials: Client \_\_\_\_\_ PO \_\_\_\_\_

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11. I will always be truthful and accurate in any written or verbal statement that I make to staff of the Probation/Parole Department and the Court.
12. I will refrain from behavior which threatens or presents a danger to myself or others. I will not annoy or harass any victim of my crime or any witnesses and will not procure anyone else to do so.
13. I will make monthly payments toward fines, costs, and/or restitution, including administrative fees and supervision fees, as directed by the Court and according to my payment plan. I understand that if, for a valid reason, I am unable to make a full scheduled payment, I can stay in compliance by making a partial payment. I am advised that a civil judgment has been placed against me until such time as I have paid in full.
14. I understand that I may be eligible to have supervision fees waived, reduced or deferred if I meet certain eligibility requirements and that I must submit a written request (Form available from probation officer or on website).
15. I have been advised that I may enter into a Wage Agreement in order to have money automatically deducted from my paycheck and applied towards my fines, costs and restitution.
16. If my case is transferred to another state for supervision, I will be assessed a non-refundable fee of \$100.00.
17. Special Conditions: \_\_\_\_\_

**I understand that I will be under the legal supervision of the Court until the expiration of my probation/parole/intermediate punishment and that if I violate any of the conditions of my supervision the Chester County Adult Probation & Parole Department has the authority to arrest and detain me and to make recommendations to the Court which may result in the revocation of my probation/parole/intermediate punishment and commitment to prison.**

In the event of a life threatening emergency please dial **911**. All other emergencies that require a response from the Adult Probation (APO) Staff that cannot be addressed the following business day please call the **Department of Emergency Services at 610-344-5100** and ask to speak to the APO Representative.

**Grievance Procedure:** All offender grievances must be submitted in writing to: Director of Adult Probation and Parole, 201 W. Market Street Suite 2100, PO Box 2746, West Chester, PA 19380-0989. A staff person not directly involved with your case will review the grievance and will provide a written response within ten business days of receipt.

**ACKNOWLEDGEMENT OF PROBATIONER/PAROLEE**

I have read, or have had read to me the terms and conditions of my probation/parole. I fully understand them and agree to abide by and strictly follow them, and I fully understand the penalties involved should I violate them in any manner.

Signature of Officer:	PO#:	Signature of Defendant:	Date:
_____	_____	_____	_____

Assigned Probation Officer:	PO#:	Term Number(s):
_____	_____	_____