



CIRCUIT COURT DISTRICT COURT OF MARYLAND FOR _____
City/County

Located at _____ Court Address Case No. _____
STATE OF MARYLAND

vs. Defendant _____

SID No. _____

Tracking Number _____

(IF AVAILABLE, PLACE LABEL HERE OR AT TOP OF PAGE.)

Convicted Count(s): _____

Sentence: _____

Part of Sentence Executed: _____ Suspended: _____

Balance of sentence suspended upon admission to treatment pursuant to HG § 8-507

Credit for Time Served: _____

PROBATION/SUPERVISION ORDER

Probation Before Judgment (Criminal Procedure Article § 6-220)

IT IS ORDERED THAT the above named Defendant:

Be Unsupervised

Be Supervised by: Drinking Driving Monitor Program only Parole and Probation Sexual

Offender Management Team Alternative Community Service: _____

Other: _____

Length of Probation: _____ mo/yr(s) Lifetime Sexual Offender Supervision by Management Team

Probation begins on _____
 upon admission to residential substance abuse program.

Your first appointment with the supervising agency is _____ and the place to report to is _____
Your failure to report could result in your arrest.

A. Standard Conditions: All Standard Conditions All Standard Conditions except Nos. _____

1. Report as directed and follow your supervising agent's lawful instructions.
2. Work and/or attend school regularly as directed and provide verification to your supervising agent.
3. Get permission from your supervising agent before: changing your home address, changing your job, and/or leaving the State of Maryland.
4. Obey all laws.
5. Notify your supervising agent at once if charged with a criminal offense, including jailable traffic offenses.
6. Get permission from the court before owning, possessing, using, or having under your control any dangerous weapon or firearm of any description.
7. Permit your supervising agent to visit your home.
8. Do not illegally possess, use, or sell any narcotic drug, controlled substance, counterfeit substance, or related paraphernalia.
9. Appear in court when notified to do so.

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10. Pay all fines, costs, restitution, and fees as ordered by the court or as directed by your supervising agent through a payment schedule.
- Fine(s) of \$ paid through Parole and Probation Clerk's Office Sheriff's Office
 - Court costs of \$ paid through Parole and Probation Clerk's Office
 - Supervision fee of \$50/month paid through Parole and Probation Supervision fee waived
 - Restitution of \$ to
paid through Parole and Probation State's Attorney's Office by (Date)
 - Public Defender fees of \$ to the Office of the Public Defender for counsel fees.
 - Pay the following fees through Parole and Probation or
 - Victims of Crime Fund \$
 - CICF costs \$
 - Other costs (Specify) \$
 - The Division of Parole and Probation is hereby granted the discretion to refer the collection of funds it is authorized to collect to the State's Central Collection Unit without the need of further court approval.

B. Special Conditions:

- 11. Provide DNA sample as required by law by (Date)
- 12. Submit to and pay for random urinalysis as directed by supervising agent.
- 13. Submit to, successfully complete, and pay required costs for alcohol drug alcohol and drug
 evaluation testing treatment education, as directed by your supervising agent.
- 14. Attend self-help group meetings per week for weeks. Attendance may be
modified by your supervising agent after weeks.
- 15. Attend and successfully complete alcohol drug alcohol and drug
 treatment education program
- 16. Totally abstain from alcohol, illegal substances, and abusive use of any prescription drug.
- 17. Apply for alcohol restriction on driver's license within 10 days of trial date for year(s)/month(s).
- 18. Refrain from driving and/or attempting to drive after consuming alcohol.
- 19. Attend Victim Impact Panel meetings when notified.
- 20. Attend and successfully complete MVA Driver Improvement Program.
- 21. Have Ignition Interlock installed for months and pay costs. Employment vehicle
exempted.
- 22. Submit to evaluation and attend and successfully complete mental health treatment as directed by your
supervising agent.
- 23. Attend and successfully complete Special Health Education Program - Project SASOE
- 24. Attend and successfully complete parenting class.

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- 25. Complete hours of community service by (Date), under the direction of and pay required fees.
- 26. Enroll in, pay any required costs for, and successfully complete treatment at
- 27. Attend and successfully complete domestic violence counseling at by (Date) and pay required costs.
- 28. Have no contact with
- 29. Do not enter or be found near
- 30. Home confinement/detention to for months
 Special conditions (e.g. doctor's appointments, attending classes, etc.)
- 31. **Register as sexual offender** with the supervising authority under the provisions of Criminal Procedure Article, Title 11, Subtitle 7:
 - (1) A Tier I Sex Offender;
 - (2) A Tier II Sex Offender;
 - (3) A Tier III Sex Offender;
 - (4) A sexually violent predator;
 - (5) A Tier I Sex Offender who, before moving into this State, was required to register in another State;
 - (6) A Tier II Sex Offender, Tier III Sex Offender, or sexually violent predator who, before moving into this State, was required to register in another State;
 - (7) A Tier I, Tier II, Tier III Sex Offender, or a Sex Offender who is required to register in another State, Jurisdiction, a federal, military, or tribal court, or a foreign government, who is not a resident of this State, and who enters this State:
 - (i) To reside or habitually live.
 - (ii) To carry on employment or vocation that is full-time or part-time for a period exceeding 14 days or for an aggregate period exceeding 30 days during a calendar year, whether financially compensated, volunteered, or for the purpose of government or educational benefit; or
 - (iii) To attend a public or private educational institution, including a secondary school, trade or professional institution, or institution of higher education, as a full-time or part-time student.
 - (iv) As a transient with the intent to be in the State for a period exceeding 14 days or an aggregate period exceeding 30 days during the calendar year.
- 32. Electronic monitoring Electronic monitoring with stay-away alert technology
- 33. Other

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C. 34. Comply with special conditions of lifetime supervision - see form #CC-DC-CR-136.

D. Recommendations to the supervising agency:

35. Transfer supervision to County/City, State of Maryland
 State under the Interstate Compact

36. Defendant shall keep appointment for HG § 8-505 evaluation and shall immediately enter the recommended program upon admission.

Defendant shall enter treatment program immediately upon admission.

Defendant shall successfully complete treatment program and comply with terms of aftercare plan.

37. Other

Judge:

Date:

CONSENT

I have read, or have had read to me, the above conditions of probation. I understand these conditions and agree to follow them. I understand that if I do not follow these conditions, I could be returned to court charged with a violation of probation.

If I fail to abide by the above conditions, the court could enter judgment against me and proceed with disposition as if I had not been placed under probation. I have been notified and understand that by consenting to and receiving a stay of judgment under Criminal Procedure Article, § 6-220, I waive my right to appeal from a judgment of guilty by the court in this case.

I understand that my failure to comply with Condition 10 may result in my case being referred to the State's Central Collection Unit, resulting in an additional collection fee as permitted by law without further approval of the court.

I understand that Parole and Probation may impose Graduated Sanctions upon me for any technical violation of the above conditions of probation, as authorized pursuant to Correctional Services Article, §§ 6-111 and 6-121.

.....
Defendant's Signature

.....
Date of Birth

.....
Date

.....
Defendant's Address

.....
Witness' Signature

**DISTRICT COURT OF MARYLAND
STANDARD FORMS PRINTING SPECIFICATIONS**

1. 23,000 Sets CC-DC 26 Probation/Supervision Docket REVISED 02/2018

New Camera Ready Copy Exact Reprint of Sample or Previous Order Reprint with Changes as noted

2a. Continuous Form _____ Part(s) Carbonless Paper (NCR) Carbon interleaved Folds every _____ "
 Left Carrier Strip _____ " perforated not perforated crimped glued
 Right Carrier Strip _____ " perforated not perforated crimped glued

2b. Snapout Form 5 Part(s) Carbonless Paper (NCR) Carbon interleaved 5/8 " stub at top left

2c. Edge-glued Form _____ Part(s); edge-glued at top bottom left right *Printed 1/1/1/1/1
 **Folded at perforations w/pgs in sequence
 ***Perforated along 11" side, 8 1/2", 17" and 25 1/2" from the left

2d. Single Sheet Form Folds to _____ x _____ .

2e. Multi-Page Brochure _____ Pages with self cover Scored, Folded and saddle-stitched to finished size _____ x _____

<p>3. FRONT PRINTING</p> <p><input checked="" type="checkbox"/> All parts print alike</p> <p><input type="checkbox"/> Copy changes on part(s) <input style="width:50px;" type="text"/></p> <p><input type="checkbox"/> Marginals (red ink)</p> <p><input type="checkbox"/> Screened Tints</p> <p><input type="checkbox"/> Prepunching 2-3/4" C to C along 8 1/2 width; below 5/8" stub</p>	<p>4. BACK PRINTING</p> <p><input type="checkbox"/> All parts print alike</p> <p><input type="checkbox"/> Prints only on part(s) <input style="width:50px;" type="text"/></p> <p><input type="checkbox"/> Copy changes on part(s) <input style="width:50px;" type="text"/></p>	<p>5. NUMBERING - LOCATION</p> <p><input type="checkbox"/> Consecutive</p> <p><input type="checkbox"/> Crash Imprinted</p> <p><input type="checkbox"/> No missing numbers</p> <p><input type="checkbox"/> No. of locations</p> <p><input type="checkbox"/> Starting # <input style="width:50px;" type="text"/></p>	<p>6. CARBON</p> <p><input type="checkbox"/> Blue</p> <p><input type="checkbox"/> Black</p> <p><input type="checkbox"/> Pattern</p>
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7. NOTE: See revision to form build item 2b on this form and revision to size due to addition of page 4.

Part	Overall Size Including Width x Length	Paper Weight	Paper Color	Special Instruction	Ink Color Primary	Ink Color Secondary
1	34 5/8 x 11	16	White	NCR - CB	Black	n/a
2	34 5/8 x 11	14.5	White	CFB	Black	n/a
3	34 5/8 x 11	14.5	White	CFB	Black	n/a
4	34 5/8 x 11	14.5	White	CFB	Black	n/a
5	34 5/8 x 11	15	White	CF	Black	n/a
6						

8. Additional Information/Delivery Instructions:

To be delivered FOB destination, inclusive of all charges. All packs and cartons must be labeled with form number and enclosed quantity. Package 20 forms per pack, 10 packs per carton. Each carton to be numbered. Example, 1 of 3; 2 of 3; 3 of 3. Carton must say CCDC26NONMDEC. To be delivered on skids. Paper must be a free sheet, no ground wood content acceptable. Include "Print date", month and year (MM/YYYY format) beside revision date. **VENDOR MUST SEND PROOF AND RECEIVE PROOF APPROVAL BY EMAIL.** Proof must be received within ten (10) business days from date Purchase Order was issued. **PRIOR TO PRINTING, VENDOR MUST SEND DIGITIZED OR CAMERA PROOF TO amber.herrmann@mdcourts.gov. VENDOR MUST SEND HARDCOPY PROOF TO amber.herrmann@mdcourts.gov. FOR INITIAL PRINTING.** No manual input of data will be accepted. **VENDOR TO SHIP 100 FORMS FROM THIS ORDER TO Amber Herrmann, District Court Headquarters, 580 Taylor Ave. A-3, Annapolis, MD 21401 AND THE REMAINDER TO District Court Warehouse, Attn: Keith Randall, 2002A Industrial Drive, Annapolis, MD 21401.** Vendor to notify warehouse supervisor at (410) 260-1650 of expected shipping date.

9. Electronic Proof Required,
Contact: Amber Herrmann, Administrative Services
Agency: District Court of Maryland
 580 Taylor Avenue, A-3
 Annapolis, MD 21401

Telephone: 410-260-1638
E-Mail: amber.herrmann@mdcourts.gov
Facsimile: 410-260-1252

Date Prepared: