

Johnson County Juvenile Community Corrections

The Dickinson Juvenile Justice Center

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Lori Meyers, Director

Damon Cox, Assistant Director

CONDITIONS OF MONITORED SUPERVISION LEVEL 2

Juvenile Name: _____ **Cause/Case Number:** _____
Probation Officer: _____ **Date:** _____

Days Ordered: _____ **Start Date:** _____ **End Date:** _____

You are hereby ordered to abide by the Conditions of Monitored Supervision. Failure to abide by these conditions may result in a Violation being filed with the Court in which a body attachment may be requested for your detainment.

Please read through the listed conditions carefully and ensure that you fully understand each one.

GENERAL CONDITIONS OF MONITORING:

1. I understand that I must cooperate with all staff of Johnson County Court Services – Juvenile Division, obey all city, town, and county ordinances, as well as all state and federal laws.
2. I understand that I must maintain a permanent place of residence with a caregiver, guardian, and/or custodian.
3. I understand that I must notify supervision staff of any change of address, phone number, employment or school status and should be available for contact by supervisory staff at all times.
4. I understand that I am not allowed to be in possession of or consume any illegal substances, alcohol, nicotine containing products or devices, prescription drugs not prescribed to me. Further, I understand that I will not be in possession of nor consume any products containing CBD.
5. I understand that I am not allowed to be in possession of any weapon, including, but not limited to, firearms or anything resembling a firearm, knives, or conducted energy devices (such as a taser or stun gun).
6. I understand that I must attend school if I have not been suspended, expelled, or withdrawn. I understand that I must complete a Release of Information that will allow staff to make reasonable inquiries regarding attendance and academic performance. Further, I understand that I may be subject to visits by supervisory staff while at school.
7. I understand that I must inform supervisory staff of any contact with law enforcement within 24 hours of contact.
8. I understand that I am subject to urine or oral drug screens, including the submission of a breath test to determine the presence of alcohol, as requested by supervisory staff and failure to submit to a screen when requested will result in a violation being filed with the Court. If any medications are prescribed to me, I will inform supervisory staff and send necessary verification as requested.
9. I understand that upon request, I shall open any and all social media accounts for inspection by supervisory staff.

10. I understand that I am only allowed to use transportation provided and approved by my caregiver or guardian, family member, school corporation, public transportation, or ride sharing (if permitted by my caregiver).
11. Employment: I understand that I will be allowed to seek and obtain employment with the approval of supervisory staff. I understand that I must submit weekly job schedules and records of pay to supervisory staff as verification of employment. Further, I understand that I am subject to visits by supervisory staff while employed at my place of employment. Community Corrections reserves the right to disapprove of my place of employment or scheduled work hours.

LEVEL 2 SUPERVISION CONDITIONS

12. I understand that if I leave my residence, I must be under the direct supervision of a caregiver and/or guardian or an adult approved by supervisory staff and must abide by a 9:00pm curfew.
13. Search and Seizure Clause: By signing these conditions, I understand that I am knowingly and voluntarily giving up my rights related to search and seizure under state and federal law.

I have been fully advised of my rights and hereby consent to and permit supervisory staff to search my person, my residence, and my property with or without a law enforcement officer.

I also understand that this allows supervisory staff and other law enforcement officers to enter my home, with or without prior notice, and search any area I can access, including my bedroom and all common areas (bathrooms, kitchen, living room, garage, basement, etc.). This also includes vehicles, cell phones, computers, tablets, and other electronic devices. I hereby waive my rights to suppression of evidence, and understand that any evidence of criminal or delinquent activity found during these searches may be used against me in court.

I understand that any exception to any condition listed within this document must be pre-approved, in advance, by the Court by submitting a written request to the Court.

SIGNATURES

By signing these conditions, I, [YOUTH NAME], and [CAREGIVER NAME(S)], agree to follow the above conditions as written and I understand the conditions listed above and understand that failure to abide by the above as ordered by the court could result in additional charges being filed and/or detained within the Johnson County Juvenile Detention Center.

As the caregiver(s), I will report any and all violations of the above conditions. Further, I understand that failure to do so could result in court action.

[YOUTH NAME]

Date

[CAREGIVER 1 NAME]

Date

[CAREGIVER 2 NAME]

Date