Johnson County Juvenile Community Corrections
The Dickinson Juvenile Justice Center
1121 Hospital Road, Franklin, Indiana 46131
Main Line: 317-346-4678 Fax: 317-736-3755
Lori Meyers, Director
Damon Cox, Assistant Director

CONDITIONS OF MONITORED SUPERVISION LEVEL 4

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 supervisory staff of any change of address, phone number, employment, 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 I understand that I must attend school if I have not been suspended, expelled, or withdrawn.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.

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 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. Community Corrections reserves the right to disapprove of my place of employment or scheduled work hours.

LEVEL 4 SUPERVISION CONDITIONS

12. I understand that I may be required to download the "Court Fact" mobile application to my personal data capable device to ensure proper monitoring and communication between staff and myself. Utilizing the information below, I will sign into the mobile app.

    Do not share this information with anyone!

    Client ID: _____

    Client PIN: _____

    I understand I am responsible for any charges incurred data utilization or text messages received as a result of this program.

13. I understand that I must (1) allow for push, text, and/or email notifications to my personal phone; (2) allow the mobile application to access the location services on my personal phone at all times without hindrance by myself or any other conflicting mobile application; (3) access the mobile application at least once per day; (4) respond to reminders, notifications, or messages; (5) ensure my mobile phone stays connected to a cellular network and is operable at all times; and (6) only access the app when it is safe to do so.

14. I understand that I will allow supervisory staff to install all components of monitoring equipment necessary, including, but not limited to, that which must be worn on my person.

15. I understand that I will not tamper, damage, expose to water, or disfigure the electronic monitoring device. Any damage to the device while in my possession will result in the requirement to submit payment for the repair and/or replacement.

    Electronic Monitoring Device Replacement Cost: up to $1,250.00
    Charger Replacement Cost: up to $75.00
    Strap Replacement: up to $75.00

16. I understand that I must charge the electronic monitoring device for at least sixty (60) uninterrupted minutes per day.

17. I understand that I receive three (3) hours of incentive time per week that must be used in no less than thirty (30) minute increments. Outside of those three hours, I am only permitted to leave my

residence for: (1) schooling; (2) medical/therapy appointment with verification; (3) Court Ordered programming; or (4) religious services. Any requests outside of this scope must be approved in advance by the Court. There is no special privilege granted for holidays. Failure to abide by this condition may result in the filing of Escape, a Level 6 Felony under Indiana law. I understand that if given permission to leave my residence by supervisory staff I must be under the direct supervision of a caregiver, guardian or approved adult, must abide by a 9:00pm curfew, and must travel directly to and from the approved destination.

18. Weekly Schedule Submission: I understand that I am required to submit a weekly schedule online between the hours of Monday at 12:00am and Wednesday at 4:00pm that will include all appointments, work schedules, schooling, and use of incentive time. Schedule weeks run from Thursday until Wednesday.

    Failure to submit a schedule by the required deadline may result in disciplinary action and a requirement to attend weekly in person check-ins with supervisory staff. I understand that schedules, once submitted, may not be revised.

    Schedules must be submitted utilizing the Court Fact App on your mobile device.

19. Change of Venue: I understand that intentionally removing, disabling, or interfering with my electronic monitoring device may violate a court order and result in prosecution of an escape charge under I.C. 35-44.1-3-4(c)(2). I understand that I am financially responsible for any damage to the device. I agree that venue for any prosecution related to allegations under I.C. 35-44.1-3-4(c)(2) will be in Johnson County, Indiana

20. 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 (including the use of a K9) 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 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