



DEPARTMENT OF SOCIAL AND HEALTH SERVICES
JUVENILE REHABILITATION ADMINISTRATION (JRA)

IN THE MATTER OF _____)
Parole of _____)
JRA Number _____)
Date of Birth _____)

ORDER OF PAROLE CONDITIONS

Parole is a period of supervision following release from residential confinement. Certain conditions and/or restrictions will be placed on your movements and activities in the community to which you are paroled. During the time you are on parole, you are required to obey the following conditions:

1. Undergo available medical, psychiatric, drug/alcohol, sex offender, mental health, and other offense-related services as specified:

2. Report as directed to your assigned Parole Officer and/or designee as specified (**Intensive Parole: no less than weekly**):

3. Refrain from contact with specific individuals and/or class of individuals as specified:

4. Pursue a course of study, vocational training, or employment as specified:

5. Submit to electronic monitoring as specified:

6. Perform community service as specified:

7. Remain within prescribed geographical boundaries as specified:

8. Be present at a particular address during the hours specified:

9. Notify your Parole Officer of your current address and any change of address.
10. Pay any court ordered fines and/or restitution.
11. Refrain from using illegal drugs and alcohol and submit to random urinalysis.
12. Refrain from possessing a firearm or using a deadly weapon.
13. Refrain from committing new offenses.
14. Comply with the following additional conditions deemed appropriate by your parole officer:
15. **Obey all laws and refrain from any conduct that threatens public safety (for Intensive Parole use only).**
16. **Meet all other requirements related to your intensive supervision program including (for Intensive Parole use only):**

Any changes in the above conditions of parole will require a conference between you and your assigned Parole Officer. NOTE: Items 12 and 13 cannot be changed.

PAROLEE'S STATEMENT: I have reviewed the above conditions with my Parole Officer and I understand them. I understand that a violation of any of the above conditions may result in a sanction or sanctions allowed under RCW 13.40.210. I also understand that any law violations may result in my return to court.

PAROLEE SIGNATURE	DATE	PARENT/GUARDIAN, WITNESS SIGNATURE	DATE	PAROLE OFFICER SIGNATURE	DATE

DSHS 09-341 (REV. 12/1998) TRANSLATED

The conditions of parole as outlined in this document are established by the authority of the Juvenile Rehabilitation Administration under RCW 13.40.210 and 13.40.320(8).

DISTRIBUTION: White - Case File Yellow - Parolee Pink - Parent/Legal Guardian Goldenrod - Assigned Regional Office