

# Adult Court Services Supervised Probation

Boone County Courthouse  
705 E. Walnut Street  
Columbia, MO 65201-4487

Telephone: (573) 886-4180

Fax: (573) 886-4186

DEFENDANT: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

OFFENSE: \_\_\_\_\_

TERM OF PROBATION: **2 YEARS**

As of \_\_\_\_\_, you have been placed on probation for such period of time as required by statute; or until you have proven your conduct to the satisfaction of the Court, that you are entitled to discharge from this probation. You are hereby advised that under the law the Court may, at any time, revoke or modify any conditions of the probation, and you shall be subject to arrest upon order from the Court. At any time within the period of your probation, the Court may impose or order the execution of sentence for your original offense in accordance with the laws of the State of Missouri, and commit you to such institution as provided by law.

## *General Conditions of Probation*

\_\_\_\_\_ LAWS: I will obey all the federal and state laws, municipal and county ordinances. I will report any/all arrests and summonses to Adult Court Services within 48 hours.

\_\_\_\_\_ RESIDENCY: I will obtain advance permission from Adult Court Services before making any change in residency.

\_\_\_\_\_ EMPLOYMENT: I will report any changes to employment to Adult Court Services within 48 hours

\_\_\_\_\_ DRUGS: I will not have in my possession or use any controlled substance, except as prescribed to me by a licensed medical practitioner. I will submit to a chemical test at the request of any Law Enforcement or Adult Court Services Officer. *If Adult Court Services requires a test, it will be my responsibility to pay \$4.00 per test to be paid at the time of the test.*

\_\_\_\_\_ REPORTING / DIRECTIVES: I will report immediately to, and as directed by Adult Court Services. I agree to abide by any directives given to me by Adult Court Services.

\_\_\_\_\_ SUPERVISION: I will enter and successfully complete supervision and abide by all rules and program requirements as directed by the Court or Adult Court Services.

*SPECIAL CONDITIONS:*

- Pay fines, court costs and CVCJ \_\_\_\_\_
- Pay restitution through Prosecuting Attorney's Office \_\_\_\_\_
- Not maintain a checking account and not write checks \_\_\_\_\_
- Not possess or consume alcohol, intoxicants or illegal substances \_\_\_\_\_
- Not enter into any establishment whose primary purpose is the sale or distribution of alcohol \_\_\_\_\_
- Not occupy a private motor vehicle after consuming intoxicants \_\_\_\_\_
- Not operate a motor vehicle unlawfully \_\_\_\_\_ My license is currently \_\_\_\_\_
- Not operate a motor vehicle for 2 years without a functioning Ignition Interlock Device \_\_\_\_\_
- Complete VIP and file completion with Adult Court Services \_\_\_\_\_
- Obtain SATOP evaluation and follow recommendation. Completions must be filed with Adult Court Services \_\_\_\_\_
- Complete the S.T.O.P. Program and file completion with Adult Court Services \_\_\_\_\_
- Complete Something for Nothing and file completion with Adult Court Services \_\_\_\_\_
- Complete \_\_\_\_\_ hours of Community Service Work and file completion with Adult Court Services \_\_\_\_\_
- Complete MEND / Anger Management and file completion with Adult Court Services \_\_\_\_\_
- Seek and complete ANY counseling as directed by probation officer \_\_\_\_\_
- Complete \_\_\_\_\_ Court and file completion with Adult Court Services \_\_\_\_\_
- Have no contact / unlawful contact with \_\_\_\_\_  
\_\_\_\_\_
- Not be on the premises of \_\_\_\_\_  
\_\_\_\_\_
- Not possess firearms or weapons \_\_\_\_\_
- Complete \_\_\_\_\_ days of shock detention \_\_\_\_\_

\_\_\_\_\_ **I have read or had read to me the Order of Probation and the conditions set out therein. I agree to comply with such conditions during the entire period of my probation.**

\_\_\_\_\_  
Probationer

\_\_\_\_\_  
Date