

The Court of Common Pleas Adult Probation Department Belmont County, Ohio

103 North Market St. * St. Clairsville, OH 43950 * phone (740) 695-3917 * fax (740) 695-3942

CONDITIONS OF BOND & PRE-TRIAL RELEASE For: Case:

You have been placed on Pre-Trial Supervision by the Court, I understand that as a condition of my posted bond (monetary or own recognizance), I am now under the supervision of the Pre-Trial Release Program of the Belmont County Court of Common Pleas.

- 1. _____I will attend all required Court appearances. I will appear for all scheduled appointments with all agencies regarding this case. Further, I understand that it is my responsibility to be aware of all dates to appear.
- 2. _____I will obey all federal, state and local laws and ordinances, including all orders, rules and regulations of Belmont County Common Pleas Court. I agree to conduct myself as a responsible law abiding citizen.
- 3. ____I will notify the Adult Probation Department immediately of any changes in my address, telephone number or employment.
- 4. _____I will not have any contact (myself or by another, in person, by mail or electronically) with any victim, witness or co-Defendant in the case while it is pending.
- 5. _____I will not purchase, possess, own, use, or have under my control, any firearms, ammunition, dangerous ordnance or weapons, including chemical agents, electronic devices used to immobilize, pyrotechnics and/or explosive devices.
- 6. _____ I will not possess, use, purchase, or have under my control any narcotic drug or other controlled substance or illegal drug. This includes any synthetic or man-made substance, legal or illegal, used as mood altering material. This also includes any instrument, device or other object used to administer drugs or to prepare them for administration, unless it is lawfully prescribed for me by a licensed physician. I agree to inform my supervising officer promptly of any such prescription. I agree to submit to drug testing at the discretion of my supervising officer. The results of the test given are deemed final and any challenge shall be my responsibility and at my expense. Any attempt to tamper with a drug screen shall result in additional sanctions and/or additional charges. Failure to provide a specimen within 30 minutes will be considered a refusal.
- 7. ____I will report any arrest, citation of violation of the law, conviction or any other contact with a law enforcement officer to my supervising officer no later than the next business day.
- 8. _____ I agree not to possess or imbibe in any alcoholic beverage or to enter any establishment that serves alcohol by the drink. This includes any substance containing alcohol (i.e. mouthwash, cough syrup, etc.). It is your responsibility to be aware of what you put in your body.
- 9. _____I will be in my residence from the hours of 12:00am to 6:00am daily unless verified employment is provided to my supervising officer. Your residence is the address you gave to your supervising officer.

| Signature of Defendant | X | Read Carefully Before Signing |
|--------------------------------|---|-------------------------------|
| Today's Date | X | |
| Telephone Number | X | |
| Signature of Probation Officer | | |

REPORTING INSTRUCTIONS

You have been placed on a Pre-Trial Supervision by the Court with certain reporting requirements. Below are instructions explaining how to comply with these requirements. The only requirement that applies to you is marked. If you have any questions, call the Adult Probation Department at (740) 695-3917. You must report until your case is disposed of *(dismissed, sentenced or placed into a diversion program).*

REPORTING BY MAIL

Report by mail using the form provided to the Belmont County Adult Probation Department on the 1^{st} day of each month.

REPORTING IN PERSON

Report to the Adult Probation Department as follows unless directed by your supervising officer.

| Charge on Indictment | F1 | report weekly | F4 | report monthly |
|----------------------|----|------------------|----|----------------|
| | F2 | report weekly | F5 | report monthly |
| | F3 | report bi-weekly | | |

FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN YOUR BOND BEING REVOKED.

| | Bond Information | | |
|-----------------------------|-------------------------|-------------------------------|--|
| Amount: \$ | Date: | Agent: | |
| Signature of Defendant | X | Read Carefully Before Signing | |
| Today's Date | X | | |
| Signature of Probation Offi | cer | | |

The Adult Probation office is located in St. Clairsville behind the County Courthouse in a brick house. Enter from the Courthouse parking lot side.