

**IN THE COURT OF COMMON PLEAS OF UNION COUNTY, OHIO  
JUVENILE DIVISION**

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**TERMS & CONDITIONS OF COMMUNITY CONTROL/PROBATION**

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I, \_\_\_\_\_, DOB \_\_\_\_\_, having been placed on Community Control/Probation by the Union County Juvenile Court, understand the following Terms and Conditions of Community Control/Probation which are made a part of the Court's Order placing me on Official Probation. Failure to comply with the conditions listed below may result in the filing of a Community Control/Probation Violation or Violation of Court order. I also understand that my term of Community Control/Probation will continue until further order of the Court and my release from Court supervision will be determined by my compliance with the orders of the Court, Terms and Conditions and directives of the Probation Officers.

1. I will obey all federal, state and local laws. I will inform my Community Control/Probation Officer of any contact with Law Enforcement within 24 hours.
2. I will attend school and all daily scheduled classes with no unexcused absences, tardies or skipped classes.
3. I will obey all school rules and codes of conduct.
4. If I am suspended, expelled or receive an emergency removal from school, I will notify my Community Control/Probation Officer immediately and I will remain in my home during school hours unless otherwise directed.
5. I will follow any education plan developed, including but not limited to: study tables, documentation from teachers, weekly grade reports, etc.
6. I will obtain my parent/guardian(s) permission to leave the house at all times. When I am asking permission, I will tell my parent/guardian(s) when I would like to leave, who I will be with, what we will be doing and when I would like to be back. No changes will occur without prior permission.
7. I will not leave the State of Ohio without the permission of my Community Control/Probation Officer. If I want to leave the State of Ohio for more than 72 hours, I must request permission from the Court at least one week prior to the day I am requesting to leave.
8. I will obey all of the terms outlined in the attached Drug Testing Agreement.
9. I will not use or possess any of the following: alcohol, illegal drugs, other person's prescribed medication, substances of abuse or designer drugs (K2, Spice, Bath Salts, etc.).
10. I will not associate with anyone in possession of or under the influence of alcohol, illegal drugs, substances of abuse, designer drugs or medication not prescribed to them.
11. I will not have, make or acquire any drug and/or alcohol or paraphernalia of any type.
12. I will not acquire, purchase, possess or use firearms, deadly weapons, or explosives. I must complete a hunter's safety course and request permission from the Court if I wish to hunt.
13. I will not make any verbal or physical threats of harm or violence.
14. I will not commit any acts of physical harm or violence.
15. I will immediately notify my Community Control/Probation Officer of my intent to move. I understand I cannot move without prior Court approval.  
My current address and phone number is as follows:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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16. I will not change my current phone number without prior notification to my Community Control/Probation Officer.
17. I will contact and/or report to my Community Control/Probation Officer as directed.
18. I will abide by a **7:00 pm curfew Sunday through Thursday and a 9:00 pm curfew Friday and Saturday.**
19. I will **not** associate with juveniles or adults who are on Probation, Community Control or Parole unless otherwise ordered.
20. I will comply with all Court orders and will follow all directives from the Probation Department.

**NOTICE OF LEGAL SEARCHES  
BY THE COMMUNITY CONTROL/ PROBATION DEPARTMENT**

Pursuant to R.C. 2152.19 (F)(1) and (2), The parties are notified of the following: “During the period of a delinquent child's community control [probation] granted under this section, authorized probation officers who are engaged within the scope of their supervisory duties or responsibilities may search, with or without a warrant, the person of the delinquent child, the place of residence of the delinquent child, and a motor vehicle, another item of tangible or intangible personal property, or other real property in which the delinquent child has a right, title, or interest or for which the delinquent child has the express or implied permission of a person with a right, title, or interest to use, occupy, or possess if the probation officers have reasonable grounds to believe that the delinquent child is not abiding by the law or otherwise is not complying with the conditions of the delinquent child's community control.”

**JUVENILE ACKNOWLEDGEMENT**

By signing below, I acknowledge that I have read or had read to me this document; I agree to obey its terms and have received a copy on this date.

\_\_\_\_\_  
Juvenile Name

\_\_\_\_\_  
Date

**PARENT/LEGAL GUARDIAN(S) ACKNOWLEDGEMENT**

As legal guardian of the above-named child, I will wholeheartedly enforce the above Terms and Conditions of Community Control/Probation. I will notify the Court immediately if my child violates any of the above conditions. Furthermore, I will participate in the programs that involve parents/guardians/custodians.

By signing below, I acknowledge that I have read or had read to me this document; I agree to obey its terms and have received a copy on this date.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Control/Probation Officer

\_\_\_\_\_  
Date

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**DRUG TESTING AGREEMENT**

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I, \_\_\_\_\_, understand that I am ordered to participate in the following alcohol and/or drug testing process. I understand that any failure or delay in complying with the process is subject to sanction.

I agree to engage in random, frequent and observed drug and/or alcohol testing at the Union County Juvenile Court or other locations deemed appropriate.

I agree to produce a valid picture I.D. and follow sign-in procedures prior to the drug and/or alcohol test, if requested.

I will accurately complete the paperwork necessary.

I will submit to drug and/or alcohol testing as required by the Court/Community Control/ Probation Officer or anyone deemed appropriate by the Court/Community Control/ Probation Officer.

I must produce a sample (may include urine, saliva, breath, etc.) within the allotted time specified by the Community Control/Probation Department (30 minutes or less).

I understand that if a specimen is not provided within 30 minutes, the test will be considered a positive test.

I will not alter, tamper or dilute my specimen.

I agree that the specimen I am providing is my own.

I understand that a refused test will be considered a positive test.

I understand that if urine samples are reported by the Court's testing laboratory as diluted or altered, the test will be considered a positive test.

\_\_\_\_\_  
Youth Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

## COMMUNITY CONTROL/ PROBATION DEPARTMENT CONTACT INFORMATION

**Jenna Griffith**

Chief Community Control/  
Probation Officer

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Treatment Court Coordinator/  
Community Control/Probation Officer

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**Juvenile Clerk's Office**

(937) 645-3029 ext. 3411

Please contact your **assigned** Community Control/ Probation Officer if you have any questions regarding your case. If you cannot reach your assigned Officer and need immediate assistance, please contact the Juvenile Clerk's office as someone will be able to assist in making contact with an Officer.

Thank you,

Community Control/ Probation Department

Copy: Court File  
Youth  
Parent/Guardian  
Attorney  
Prosecuting Attorney  
Probation Officer