

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

TRUANCY TERMS & CONDITIONS OF COMMUNITY CONTROL/ PROBATION

I, _____, DOB _____, having been placed on 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 Probation Violation or Violation of Court order. I also understand that my term of 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 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. Any absences will be considered unexcused unless a written medical excuse is provided within 48 hours of the absence.
3. I will report ANY absence from school to my Probation Officer by 8:30 a.m. on the day of the absence.
4. I will obey all school rules and codes of conduct.
5. If I am suspended, expelled or receive an emergency removal from school, I will notify my Probation Officer immediately and I will remain in my home during school hours unless otherwise directed.
6. I will follow any education plan developed by the Probation Department, including but not limited to: study tables, documentation from teachers, weekly grade report.
7. I will submit any and all interim grades and grade cards to my Probation Officer when issued.
8. 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.
9. I will not leave the State of Ohio without the permission of my 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.
10. I will obey all of the terms outlined in the attached Drug Testing Agreement.
11. 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.).
12. 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.
13. I will not have, make or acquire any drug and/or alcohol or paraphernalia of any type.
14. 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.
15. I will not make any verbal or physical threats of harm or violence.
16. I will not commit any acts of physical harm or violence.

17. I will immediately notify my 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: _____

18. I will not change my current phone number without prior notification to my Probation Officer.

19. I will contact and/or report to my Probation Officer as directed.

20. I will abide by a **7:00 pm curfew Sunday through Thursday and a 9:00 pm curfew Friday and Saturday.**

21. I will **not** associate with juveniles or adults who are on Probation, Community Control or Parole unless otherwise ordered.

22. I will comply with all Court orders and will follow all directives from the Probation Department.

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

I, _____, understand 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/Probation Officer or anyone deemed appropriate by the Court/Probation Officer.

I must produce a sample (may include urine, saliva, breath, etc.) within the allotted time specified by the 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

(937) 645-3029 ext. 3406
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Community Control/
Probation Officer

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Community Control/
Probation Officer

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asullivan@unioncountyohio.gov

Zach Wentink
Treatment Court Coordinator/
Community Control/Probation Officer

(937) 645-3029 ext. 3403
zwentink@unioncountyohio.gov

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