Your County Community Corrections

Your street address

Your city, state, and zip

Your phone

**General Conditions of Supervision – Board/LSA**

**GCa** Pay fines, restitution or other fees ordered by the court or the Board.

**GCb** Submit to testing for controlled substance, cannabis or alcohol use if the supervised person has a history of substance abuse or if there is a reasonable suspicion that the supervised person has illegally used controlled substances.

**GCc** Participate in a substance abuse evaluation as directed by the supervising officer and follow the recommendations of the evaluator if there are reasonable grounds to believe there is a history of substance abuse.

**GCd** Remain in the State of Oregon until written permission to leave is granted by the Department of Corrections or a county community corrections agency. Extradition is waived if the person under supervision absconds from supervision and leaves the state.

**GCe** Not change residence without prior permission from the Department of Corrections or a county community corrections agency and inform the parole and probation officer of any change in employment.

**GCf** Permit the parole and probation officer to visit the supervised person or the person’s work site or residence and to conduct a walk-through of the common areas and of the rooms in the residence occupied by or under the control of the supervised person.

**GCg** Consent to the search of person, vehicle or premises upon the request of a representative of the supervising officer if the supervising officer has reasonable grounds to believe that evidence of a violation will be found, and submit to fingerprinting or photographing, or both, when requested by the Department of Corrections or a county community corrections agency for supervision purposes.

**GCh** Obey all laws, municipal, county, state and federal, and in circumstances in which state and federal law conflict, obey state law.

**GCi** Promptly and truthfully answer all reasonable inquiries by the Department of Corrections or a county community corrections agency.

**GCj** Not possess weapons, firearms or dangerous animals.

**GCk** Report as directed.

**GCL** If recommended by the supervising officer, successfully complete a sex offender treatment program approved by the supervising officer and submit to polygraph examinations at the direction of the supervising officer if the Supervised Person: (A) Is under supervision for a sex offense as defined in ORS 163A.005; (B) Was previously convicted of a sex offense as defined in ORS 163A.005; or (C) Was previously convicted in another jurisdiction of an offense that would constitute a sex offense as defined in ORS 163A.005 if committed in this state.

**GCm** Participate in a mental health evaluation as directed by the supervising officer and follow the recommendation of the evaluator.

**GCn** If required to report as a sex offender under ORS 163A.010, report, in person, to the Department of State Police, a city police department or a county sheriff’s office, in the county to which the person was discharged, paroled, released or in which the person was otherwise placed: (A) Within 10 days following discharge, release on parole, post-prison supervision or other supervised or conditional release; (B) Within 10 days of a change of residence; (C) Within 10 days of a legal change of name; (D) Once each year within 10 days of the person’s birth date, regardless of whether the person changed residence; (E) Within 10 days of the first day the person works at, carries on a vocation at or attends an institution of higher education; (F) Within 10 days of a change in work, vocation, or attendance status at an institution of higher education; and (G) At least 21 days prior to any intended travel outside of the United States.

**GCo** Submit to a risk and needs assessment as directed by the supervising officer and follow reasonable recommendations resulting from the assessment.

**GCp** Be under the supervision of the Department of Corrections and its representatives or other supervisory authority and abide by their direction and counsel.

I have read and understand I am required to comply with the general conditions set forth above, plus any special conditions imposed by the Board/LSA.

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Client signature Date Witness signature Date