

Lawrence County Adult Probation & Parole Department

LAWRENCE COUNTY GOVERNMENT CENTER

430 Court Street

New Castle, PA. 16101

(724) 656-2173

FAX (724) 656-1989

**OFFICE
RULES & REGULATIONS
&
REPORTING INSTRUCTIONS**

Revisions 04/12/2006 and 04/19/2006

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**COURT OF COMMON PLEAS OF
LAWRENCE COUNTY
CRIMINAL DIVISION
CONDITIONS GOVERNING SUPERVISION**

TO: _____

DOCKET: _____

You have been placed on supervision with the Adult Probation and Parole Department by the Criminal Division of the Court of Common Pleas of Lawrence County. You will be in the legal custody of the Lawrence County Adult Probation and Parole Department until the expiration of your sentence or further Order of the Court. Your officer has the power at any time during this period, in case of a violation by you of the conditions of supervision, to detain you in a county prison and make a recommendation to the Court, which may result in the revocation of your sentence and your commitment to a penal or correctional institution to serve your sentence.

RULE #1 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You will be under the supervision of the Lawrence County Adult Probation and Parole Department and will report as required in person, by telephone, or in writing to your officer according to his/her instructions whether or not you are making a money payment. You must report between the hours of 8:00am and 3:00pm. "NO EXCEPTIONS"

RULE #2 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You are not to change your address without prior permission of your officer. If a change is approved, you must provide the department your correct address and telephone number within 72 hours.

RULE #3 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You will comply with all municipal, county, state, and federal criminal laws. You must notify your Probation Officer within 72 hours of any arrest, receipt of summons, citation, or investigation by any law enforcement agency.

RULE #4 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You will make every effort to obtain and maintain employment and support your dependents. You will obtain prior permission in order to change employment. If there is a change in your job or financial status, you must notify your Probation Officer within 72 hours.

RULE #5 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You will not travel outside of Lawrence County or the community to which you have been placed on supervision, as defined by your officer, without prior permission. You will sign a \$1.00 bond acknowledging that, if arrested in another state, you will waive extradition and will not resist being returned by the Court of the Commonwealth of Pennsylvania and Lawrence County.

RULE #6 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You are not to purchase, possess, discharge, or have any contact with any firearm or deadly weapon. Hunting is prohibited.

RULE #7 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You will abstain from the unlawful possession, use, or sale of narcotics and dangerous, illegal drug(s) and abstain from the use of controlled substance(s) within the meaning of the Controlled Substance, Drug Device, and Cosmetic Act without a valid prescription. If taking any prescription medications(s), you will need to verify your prescription(s) with your officer. Further, you will be required to undergo urinalysis or any other chemical, breath and/or blood test if directed by your Probation Officer. You will be responsible for the payment of any such ordered tests. Once asked and/or ordered to submit to a urinalysis, you may not leave the Adult Probation Office or its property without permission from your Probation Officer. Leaving without permission will be a violation of these rules and will also be deemed to be an admission of your use of a prohibited substance/drug.

RULE #8 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You will pay all cost, fines, restitution and supervision fees which you owe. You will make monthly payments towards the amount owed. Be advised that you may seek a waiver, in whole or in part, of the supervision fee in the event that you are not able to make payments as a result of circumstances wholly outside of your control. All requests must be in writing to your supervising officer. You will be responsible for timely payment(s) unless and until a change is authorized. In the event that you fail to make payments as required, you may be revoked and prosecuted in accordance with the law and/or be subject to proceedings for contempt of court and be subject to imprisonment. If you are on ARD you will be denied any expungement until all monies are paid in full.

RULE #9 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You are not permitted to consume, purchase, transport, or possess any alcoholic beverages. Further, you are not permitted to enter any establishment that serves or sells alcoholic beverages unless authorized by the staff. If you are on supervision for a non-alcohol related offense and/or you have not been referred to Drug and Alcohol for an assessment, consult with your Probation Officer.

RULE #10 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You will abide by any and all verbal and written instruction(s) of the department and/or your Probation Officer. A curfew may be imposed. You must comply with any type of education, training, evaluation, and/or counseling which may be recommended by your Probation Officer. You must verify your attendance/participation.

RULE #11 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You will refrain from assaultive or threatening behavior.

RULE #12 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

You will comply with the conditions of the attached sentence order or any special conditions, which may be imposed by your Probation Officer.

RULE #13 [CONDITIONS GOVERNING ARD/IPP/PAROLE/PROBATION/HOUSE ARREST]

In order to ensure the health and safety of our officers, you are required as a condition of supervision to keep the location where you reside in a clean, habitable and safe condition both inside and out. In addition the premises where you live must be kept in compliance with all local, county, state and federal health and safety statutes and ordinances, you are required to ensure that the exterior and interior of the premises are free from hazardous or volatile chemicals or biological agents and organic waste in unapproved containers, including food, pet and human waste. When reporting to the office you must have reasonably good, clean person hygiene.

HOUSE ARREST WITH ELECTRONIC MONITORING

(The following conditions only apply if you are sentenced to House Arrest with Electronic Monitoring)

RULE #14 [CONDITIONS GOVERNING HOUSE ARREST]

You shall not leave your residence for medical appointments or for any reason unless approved by your officer. All appointments or leaves must have documentation verifying attendance. In the event of a medical emergency, you will go directly to the emergency room of the nearest hospital and obtain documentation of arrival and departure times. You will be permitted to leave your residence only during assigned times and for leaves approved by your officer. You will submit a schedule as per your officer's instructions prior to your requested leave(s). Your officer must approve all leaves before you will be permitted to leave your residence. Failure to submit a schedule as instructed will result in you not being permitted to leave your residence.

RULE #15 [CONDITIONS GOVERNING HOUSE ARREST]

You will not cut, move, remove, unplug, or in any way tamper with the ankle bracelet for any reason. You will not unplug or tamper with the telephone line that the monitoring unit is attached to for any reason. When out of your residence on approved leaves, you must have the monitoring unit (PTU) with you all times (no exceptions). While in your residence, you must have the monitoring unit (PTU) in the charger at all times. You will be financially responsible for any lost or damaged equipment.

RULE #16 [CONDITIONS GOVERNING HOUSE ARREST]

You will go directly to your scheduled event(s) and return to your residence by the most direct route. You will not stop anywhere else unless it is on your schedule and it has been approved by your officer.

RULE #17 [CONDITIONS GOVERNING HOUSE ARREST]

You must have basic telephone service without call waiting, call forwarding, voice mail (or an answering machine), three-way calling or caller I.D. on the line attached to the monitoring unit. You will verify service as requested. The use of the telephone will be limited to ten (10) minutes per ½ hour throughout the duration of your House Arrest with Electronic Monitoring sentence.

RULE #18 [CONDITIONS GOVERNING HOUSE ARREST]

You hereby accept full financial liability for any loss/damage caused to any of the electronic monitoring equipment while the equipment is in your possession. You understand that if any of the equipment is lost/stolen/damaged as the result of your negligence or the negligence of another while the equipment is in your possession, you will be held fully responsible for the cost of either repairing or replacing the equipment.

PAYMENT INFORMATION:

You Owe: Restitution: _____
 Costs: _____
 Fines: _____
 Drug Test: _____
 Record Check: _____
 TOTAL: _____

- ⇒ Mandated by law, there is a **\$50.00** per month supervision fee.
- ⇒ As of this date not all of the monies you owe may have applied to your case. You may obtain the exact total due on this case within a month of your sentence date by contacting the Adult Probation Office.
- ⇒ Payments may be made to:
 Lawrence County Adult Probation Office
 430 Court Street
 New Castle, PA 16101.
- ⇒ You may pay by Cash, Credit Cards, Cashiers Check or Money Order. **NO PERSONAL CHECKS WILL BE ACCEPTED.** If paying by credit card, the person's name that is on the credit card must be present at the time of payment.
- ⇒ You understand that if you pay your supervision fee (in whole or in part) and your sentence is terminated early you will not be refunded any monies paid past the date of termination.
- ⇒ You understand that if employed, you may request to sign a voluntary wage attachment.
- ⇒ You further acknowledge that a judgment will be placed against you until the total of all costs which you owe are paid in full. Once these monies are paid in full the judgment will be satisfied. You realize that a fee of \$27.00 must be paid in full before the judgment will be lifted.
- ⇒ All amounts must be paid in full prior to the expiration of your sentence. In order to be paid in full by the end of your supervision, you are required to adjust your monthly payments accordingly to meet this obligation.

DISMISSAL & EXPUNGEMENT APPLICATIONS (ARD only)

If your case is an ARD and you have successfully completed all obligations of the Court Order and you wish to have your record expunged, you or your counsel MUST petition the Court for an official expungement of your record.

You acknowledge that if you are convicted of a crime committed while on ARD, or if you violate any of the conditions of your supervision, the Court has the authority to revoke your ARD, and the Commonwealth will prosecute you according to the law.

ACT 122 of 1991 (DUI Only)

You are hereby advised that ACT 122 of 1991 as passed by the legislature requires that all imposed costs, fines and restitution be paid in full and that all required schooling and treatment be completed and costs thereof paid in full before you Pennsylvania driver's license will be returned to you.

GRIEVANCE POLICY

If you think any of your rights have been violated as a result of your supervision, you may submit a complaint in writing to the immediate supervisor of the officer through which you are being supervised. If your complaint is not resolved to your satisfaction, you may then submit your complaint in writing to:

**Lawrence County Adult Probation
Director William J. Mancino
430 Court Street
New Castle, PA 16101.**

**ACKNOWLEDGEMENT BY
PARTICIPANT**

You expressly consent to the search of your person, property and place of residence without a warrant by officers of the Adult Probation and Parole Department of Lawrence County. Any items present which constitutes a violation of your supervision shall be subject to seizure and may be used as evidence in the revocation process.

You hereby acknowledge that you have read, or have read to you the foregoing conditions of your supervision. You fully understand them and agree to follow them and fully understand the penalties involved should you violate them.

INSTRUCTIONS FOR REPORTING TO THE ADULT PROBATION OFFICE OF LAWRENCE COUNTY

- **Officer** - You've been assigned to Officer _____, 724-656-2173 extension _____.
- **Reporting Instructions** - _____.
- **Next Report** - _____.
- **Reporting Hours** - Reporting hours are **8:00am to 3:00pm** except for your Probation Officer's lunch hour. **No one is permitted to report after 3:00pm**, payments may be made until 4:00pm.
- **Missed Visits** - The only acceptable reasons for missing a required visit to the Adult Probation Office would be a medical emergency or a death in your immediate family. A medical excuse must specifically state that you were **UNABLE TO REPORT TO THE ADULT PROBATION OFFICE** and include date when you will be able to next report. If the excuse does not have this written on it, it is not acceptable. For a death in the immediate family a copy of the obituary must be submitted to your officer.
- **Unemployed** - If you are not working, it is necessary for you to **report before 11:00am**, unless given special permission by your Probation Officer to report at a different time.
- **Holiday(s)** - If your reporting day falls on a holiday and the Adult Probation Office is closed, you are required to report the very next work day unless otherwise instructed by your Probation Officer. **It is your responsibility to know the courthouse holidays.**
- **Children** - Anyone on Probation/Parole/ARD/IPP/House Arrest are asked not to bring children into the office.
- **Coats/Purses** - Anyone on Probation/Parole/ARD/IPP/House Arrest will not be permitted to have purses, outerwear, etc... when entering into the inner office of the Adult Probation Office.
- **Medications** - If you are on any medications, you must notify your Probation Officer immediately . If you have had any drug and alcohol treatment in the past or are on a specialized caseload and you are taking any narcotics or controlled substances you must have a doctor's awareness note signed by your doctor (forms available at the Adult Probation Office).
- **Drug & Alcohol Assessment** - If you are required to be assessed by the Lawrence County Drug & Alcohol Commission (**724-658-5580**), you must contact them to schedule an assessment. You will inform your officer of the date and time of your assessment. NOTICE: If you
are not a resident of Lawrence County you must get an assessment in the county/state in which you reside. Also, missing any assessment(s) and/or treatment without a valid excuse is a violation.
- **Inpatient Rehabilitation** - If you need to enter an inpatient rehabilitation facility, you must have your Probation Officer's permission prior to entering the program.
- **Alcohol Clause** - All persons on supervision are under the alcohol clause until it is removed by your officer. If your charge is not drug or alcohol related, and/or you are not on a specialized caseload and/or you have not been ordered a drug and alcohol assessment, please see your Probation Officer about removing the alcohol clause. Also, you are not permitted to take any medications with alcohol in it without a valid prescription.

- **Transfer of Supervision** - All transfer cases are required to report to the Lawrence County Adult Probation Office until your Probation Officer informs you the transfer is accepted. You must continue to pay any costs, fines and/or restitutions to Lawrence County even after your case is transferred. Failure to pay any costs, fines and/or restitution will be considered a violation. Any non-compliance may result in your case being brought back to Lawrence County for revocation and/or possible incarceration.
- **It is your responsibility to know and understand all of the rules and any special conditions imposed.**

You understand and have read the above instructions. You understand failure to comply with these instructions may result in your being non-compliant with the conditions set forth by the Lawrence County Adult Probation Office.

House Arrest/Electronic Monitoring

Instruction Sheet

Participant: _____

Date: _____

You must be in compliance with the following conditions or you will not be permitted on the House Arrest Electronic Monitoring Program and your case will be sent to the District Attorney's Office for revocation.

1. When you call your Probation Officer and get their voicemail, leave a message and your call will be returned as soon as possible. **DO NOT CALL ANY OTHER NUMBERS.**
2. YOU MUST REPORT IN PERSON TO THE ADULT PROBATION OFFICE FRIDAY MORNINGS BETWEEN **8:30AM TO 11:00AM** to the House Arrest Window unless otherwise instructed by your Officer (be sure to schedule this leave on your weekly schedule). Your schedules must be LEDGIBLE and you are not to leave until your schedule has been verified.
3. **If you fail to turn your schedule in as instructed, you will be on a lockdown status for the entire week.**
4. You are not to leave your schedule or any schedule changes on the answering machine. You must speak directly to an officer.
5. No one else is permitted to turn your schedule in or call for you.
6. You are not permitted to change your schedule without prior permission from your probation officer.
7. You must take the most direct route to and from your approved locations.
8. Absconding while on House Arrest **WILL** result in Escape charges being filed.

Instructions for connecting your House Arrest Electronic Monitoring equipment at your home:

1. Plug the black cord of your unit into your wall outlet (closest to your phone).
2. Unplug your home phone cord from the wall.
3. Plug your phone cord (that you just removed from the wall) into the back of the black unit (either port)
4. Plug our phone cord into your wall jack and the other end into the other port on the back of the black unit.
5. The black box (PTU) is to be placed inside the black unit so that the silver connectors line up. The top of the PTU has a sticker that reads "This side up". It is the side that has a round hook on it.

Instructions for completing schedules:

YOU MUST HAVE A COMPLETED SCHEDULE

1. DATE: Enter Month, Day & Year
2. TIME: Enter the time you are leaving & time you will be returning INCLUDING TRAVEL TIME.
3. DESTINATION/PURPOSE: Enter destination, purpose along with an address
4. CONTACT: Enter a contact person and a number to reached at.
5. No one is permitted to work more than 48 hours a work week unless approved by your Probation Officer.
6. Turn schedules in every Friday morning to the Adult Probation Office between 8:30am-11:00am

While at your home, the black box (PTU) should remain in the unit at all times. When outside your home, the PTU must be in the pouch on your person at all times. While traveling in a vehicle, the PTU must be on your window clip-in view of the sky at all times for its best satellite connections. Do not carry it in any purse, gym bag, etc...

Client Signature

Date

Witness

Date



**LAWRENCE COUNTY
COURT OF COMMON PLEAS**

WILLIAM J. MANCINO
DIRECTOR

CRIMINAL DIVISION
LAWRENCE COUNTY ADULT PROBATION
430 COURT STREET
NEW CASTLE, PA 16101
PHONE: (724) 656-2173
FAX: (724) 656-1989

DOMINICK MOTTO
PRESIDENT JUDGE

AUTHORIZATION TO RELEASE/OBTAIN INFORMATION

Permission is hereby granted to: Lawrence County Adult Probation and Parole Department
(Staff/Organization)

to release/obtain information concerning: _____ D.O.B. _____
(Client)
to _____
(Person/Organization)

INFORMATION TO BE RELEASED

- | | | |
|------------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Academic Records | <input checked="" type="checkbox"/> Family Service Plans | <input checked="" type="checkbox"/> Health Records |
| <input checked="" type="checkbox"/> Report Cards | <input checked="" type="checkbox"/> Social/Family Histories | <input checked="" type="checkbox"/> Vocational Skills Assessment |
| <input checked="" type="checkbox"/> Academic Progress Reports | <input checked="" type="checkbox"/> Service Recommendations | <input checked="" type="checkbox"/> Family Service |
| <input checked="" type="checkbox"/> Teacher Observations | <input checked="" type="checkbox"/> Psychological/Psychiatric Records | <input checked="" type="checkbox"/> Discharge Summaries |
| <input checked="" type="checkbox"/> Aptitude/Achievement Reports | <input checked="" type="checkbox"/> Toxicology Reports | <input checked="" type="checkbox"/> Medical History |
| <input checked="" type="checkbox"/> Discipline Records | <input checked="" type="checkbox"/> Neurological Information | <input checked="" type="checkbox"/> Criminal History |
| <input checked="" type="checkbox"/> Attendance Records | <input checked="" type="checkbox"/> Family Background Information | <input checked="" type="checkbox"/> Drug and Alcohol History |
| <input checked="" type="checkbox"/> Counselor Reports | <input checked="" type="checkbox"/> Permission for Verbal Exchange | <input checked="" type="checkbox"/> Other (specify)- |

The purpose of this release is to aid in the Court in sentencing and supervision of the client.

I voluntarily allow the release of the above information. No threat or other coercive measures have induced me to sign this consent form. I understand my records are protected under Federal and State Confidentiality Regulations and the Health Insurance Portability and Accountability Act 1996 (HIPAA) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I may revoke this consent to release of information in writing at any time, except where actions have already been taken on the basis of this release. If I do not revoke it earlier, this authorization will automatically expire upon the completion of my parole/probation/ARD/Intermediate Punishment sentence.

A copy of the authorization has been offered to me and I () accept () do not accept

(client Signature) (Date) (Witness Signature) (Date)

I revoke this release _____
(Client Signature) (Date)

ADMINISTRATIVE CARE MANAGEMENT

CONSENT RELEASE OF DRUG/ALCOHOL CLIENT INFORMATION

I, _____ D.O.B. ____/____/____ authorize

Lawrence Co. D&A Commission to release to Lawrence County Adult Probation and Parole
(Staff/Organization)

The following information to my client records:

| | Yes | No |
|---------------------------------------------|-------------------------------------|----|
| Whether the Client is involved in Treatment | <input checked="" type="checkbox"/> | — |
| Nature of the project (ACM) | <input checked="" type="checkbox"/> | — |
| Whether or not the client has relapsed | <input checked="" type="checkbox"/> | — |
| Other (specify) _____ | <input checked="" type="checkbox"/> | — |

The only purpose(s) for the disclosure of the above information is:

- Referral for D&A treatment services
- To monitor the provision of ongoing treatment
- To verify insurance, employment, or government benefits
- To enable judges, attorneys, probation/parole officers to support treatment goals and/or make legal decisions on the behalf of the client.
- Referral to ICM services
- Authorize D&A treatment services
- Other (specify) _____

I voluntarily allow the release of the above information. No threat or other coercive measures have induced me to sign this consent form. I understand my records are protected under Federal and State Confidentiality Regulations and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I may revoke this consent to release of information in writing at any time, except where actions have already been taken on the basis of this release. If I do not revoke it earlier, this document will be null and void **one (1) year** from the date signed below.

A copy of this has been offered to me and I () accept () do not accept.

Client Date Witness Date

I revoke this release _____
Date

Case Management Initials _____

**Lawrence County
Adult Probation & Parole Department
430 Court Street
New Castle, PA 16101-3593
(724) 656-2173**

Probation Officers

Extensions

| | |
|--------------------------------------------------------------------------|-------------|
| Daniel Klein (Drug & Alcohol Officer) | 7006 |
| LeeAnn Piatt (Mental Health/Sex Offender Officer) | 7011 |
| Christina Sturgeon (Maximum Officer) | 7004 |
| Marc Zingaro (Maximum Officer) | 7013 |
| Tammy Waters (Medium Officer) | 7016 |
| Frank Pagley (Minimum Officer) | 7007 |
| Kevin Kelley (Minimum/Collections Officer) | 7027 |
| Lisa Sands (Intermediate Punishment/ House Arrest Officer) | 7012 |
| Joseph Roseck (Intermediate Punishment/ House Arrest Officer) | 7009 |

Commonly Referred Agencies

Lawrence County Public Defenders Office (724) 656-2162
Lawrence County Government Center
430 Court Street
New Castle, PA 16101

Lawrence County Drug & Alcohol Commission: (724) 658-5580
First Merit Building
25 North Mill Street, Suite 303
New Castle, PA 16101
<http://www.lawsca.org/>

Lawrence County DUI School: (724) 656-8900
19 E. Washington Street, 3rd Floor
New Castle, PA 16101
lawrencedui@aol.com

Human Services Center: (724) 658-3578
130 W. North Street
New Castle, PA 16101
<http://www.humanservicescenter.com>

Adult Literacy Program: (724) 654-1500
125 E. North Street, Suite 306
New Castle, PA 16101
<http://www.litchoices.org>

Second Chance Re-Entry Program: (724) 652-1957
2 Big Run
New Castle, PA 16101

Specialized Batterer's Group: (724) 658-4673

NOTES