

South Carolina Department of Probation, Parole and Pardon Services
Conditions of Supervision for Domestic Violence Offenders

1. I shall report in person to the South Carolina Department of Probation, Parole and Pardon Services' office on the day of my sentencing or release, and as instructed by the Department. I shall make complete and truthful reports to my agent. I agree to report as scheduled by the agent and as the supervision guidelines for domestic violence dictate and understand that as I progress through supervision, the rate at which I report may be increased or decreased.
2. I will attend, actively participate in, not give cause to be terminated from, and successfully complete any counseling/treatment program, to which I am referred by my agent, which may include other treatment-related testing, all at my own expense. I waive all rights to confidentiality between myself and my treatment provider, and authorize my treatment provider to disclose to my agent, the Court, the Parole Board, the releasing authority, and/or the hearing officer, information about my attendance and participation in the program. (Must complete Referral Form 1054).
3. I shall abide by all court orders, Parole Board orders, any releasing authority, or hearing officer as it relates to victim contact. At any time, if no contact with a victim is ordered, I agree and will not have any contact with the victim(s) of my crime, directly or indirectly. This includes but is not limited to, physical or face-to-face contact, contact through letters or written notes, telephone calls, text messages, electronic mail (e-mail), social media, or any contact through a third party. I also will not enter into, travel past, or loiter near a victim's residence or workplace.

Special contact conditions imposed by the Court:

4. I will not possess or consume/use alcoholic beverages or any drugs unless otherwise prescribed by a physician. I will submit to alcohol and drug testing as instructed by my agent or treatment provider.
5. I will not purchase, have in my possession, or own any firearms, ammunition, or other dangerous weapons that may be used to hurt another individual or myself. I will disclose to my agent any firearms, ammunition, or dangerous weapons that may be in my possession and agree to forfeit them to the State.
6. I will permit my agent or a representative of the department to search, with or without a warrant and with or without the assistance of any other law enforcement officer, my person, residence, any vehicle I own or have permission to use, and any of my possessions. I understand the purpose of these searches will be for contraband I am prohibited from possession including, but not limited to, alcohol, illegal drugs, firearms, ammunition, and other dangerous weapons. I further understand that when no contact with the victim is ordered, cellular devices and other electronic devices may be searched for evidence of victim contact. I understand such devices may be seized by the State to be used as evidence of violations or for new charges.
7. I will truthfully disclose during each office visit to my agent everyone who resides within my household and will immediately notify if there are any new residents to the household. I will also immediately notify my agent if there is a change in my residence plan/address. I will disclose new intimate partner relationships to my agent.
8. I will comply with the Department's requirements for any electronic monitoring program and/or alcohol monitoring program for which I may be ordered to participate by the Court, the Parole Board, the releasing authority, the hearing officer, or my agent, or as required, all at my own expense.
9. I will comply with and abide by all restraining orders and/or orders of protection issued by the Court. I will also refrain from any harassing or stalking behaviors.
10. I further agree to follow the advice and instructions of my agent and any further conditions imposed by the Court, the Parole Board, or the releasing authority.
11. I have read, or had read to me, the above conditions and I understand their meaning. I have received a copy of these conditions. I accept and agree to comply with these conditions and understand that any violation could result in the Court, Parole Board, or releasing authority revoking my supervision and reinstating my sentence or returning me to prison. If I refuse to accept these conditions, I must immediately ask my agent to bring my case before the Court, Parole Board, or releasing authority where I will request that my term of supervision be revoked and my sentence be reinstated or that I be returned to prison. If I refuse to accept these conditions, I understand that my agent may immediately bring my case before the Court, Parole Board, or releasing authority and request that my term of supervision be revoked and my sentence be reinstated.

Offender's Signature

Date

Agent's Signature

Date

Offender's Name (Printed)

Agent's Name (Printed)