

**STATE OF OKLAHOMA
OKLAHOMA DEPARTMENT OF CORRECTIONS
POST IMPRISONMENT SUPERVISION RULES AND CONDITIONS**

1. I will report as directed to the Community Corrections District on the date, time and place directed.
2. I will obey all city, state, and federal laws.
3. I will not own or possess a firearm, firearm parts (inoperable or ornamental) or travel in a vehicle containing a firearm belonging to me or anybody else. I understand that I am subject to both state and federal laws concerning the purchase ownership use of a firearm.
4. I will not, under any circumstances, leave the State of Oklahoma without written permission from the supervising officer. I understand that authorized travel is discretionary and at the will of the Department of Corrections. Transfers to other states will be done in compliance with the Interstate Compact Agreement.
5. I will report as directed by my officer in person and in writing on the forms provided by my officer. I understand that my officer will visit me at home, work, or any other place without restriction to time.
6. I will not use or possess drugs other than those legally prescribed by a physician. I will report to my officer any medications that I may be prescribed. I will not use alcohol nor go on to the premises of places where alcoholic beverages may be served, to include beer parlors, taverns, clubs, group meetings or parties where alcoholic beverages are served. I will submit to urinalysis or other forms of drug detection.
7. I will not lie or misrepresent the truth to any member of law enforcement, any employee of the Department of Corrections or any official of the government.
8. I understand that I am required to maintain full-time employment. If unemployed, I will be required to be actively searching for employment and provide verification of search to my officer.
9. I will pay supervision fees in the amount of \$40.00 monthly. Payment shall be made in accordance with OP-160701.
10. I will comply with all lawful directives issued by my supervising officer or any member of the Department of Corrections.
11. I will not change my address without notifying my supervising officer. I understand that if I cannot be located by my officer or if I fail to report as directed by my officer, I will be considered to be an absconder from the Department of Corrections and will be in violation of my supervision requirement.
12. I understand my person, my vehicle, or property under my control is subject to search within the policy of the Department of Corrections.
13. I will actively participate in the developed case plan and any subsequent amendments to the plan. Programs may include by are not limited to:
 - a. Substance Abuse Treatment
 - b. Employment
 - c. Education
 - d. Financial
 - e. Mental Health
 - f. Cognitive
14. I will not, without prior approval from my supervising officer, associate with any persons actively under any form of Department of Corrections supervision or with persons who have a criminal record. I will not communicate with any offenders of any penal institution, including county jails, except members of my immediate family, unless my officer gives me permission to do so.
15. I understand that certain violations may result in the imposition of additional sanctions and revocation of my sentence.

Offender

Date

DOC #

DOC Witness

Date

Position

(5/14)