

# Worth County Sheriff's Office

1000 Central Ave, Northwood, Iowa 50459

641-324-2481 or 800-458-1234

Sheriff Jay Langenbau

Probation Officer Jesse Luther

## PROBATION AGREEMENT

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SOC \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Employer Address: \_\_\_\_\_

I \_\_\_\_\_ do hereby agree that I will be subject to the following rules.

1. I will obey all laws and rules of probations set by the Court.
2. If I am arrested or receive a notice to appear in Court on a criminal charge, I will tell my probation officer within 48 hours.
3. I will not own, possess, use or transport firearms if I have been convicted of or have a pending charge that is a felony, an aggravated misdemeanor involving a firearm or an explosive, or have been convicted of Domestic Assault, until that right is restored to me.
4. I will have a valid driver's license and liability insurance or proof of financial responsibility on any motor vehicle that I own or operate and will provide proof upon request of my probation officer.
5. I will keep all appointments with and maintain contact as directed by my probation officer, which may include announced/unannounced community or home contacts. I will tell my probation officer in Advance if I cannot keep my appointment.
6. I will actively search for work and will keep a job as approved by my probation officer. I will not change jobs without prior permission from my probation officer. If I lose my job, I will tell my probation officer within 48 hours.
7. I will live in a residence approved by my probation officer. I will not change my residence without prior permission from my probation officer.
8. I will not travel outside the State of Iowa without permission from my probation officer. Travel outside the State of Iowa may be required to be in writing. Approval by the court is required for travel outside the United States.
9. I will comply with the plan of payment for victim restitution, court costs, fines, surcharges, and any other financial fees I am court ordered to pay.
10. I agree to pay \$ \_\_\_\_\_ per week/month to the Worth County Sheriff's Office Probation Services until the \$300 enrollment fee, required by Section 905.14, Code of Iowa, is paid in full 90 days from my enrollment date.
11. I will treat others with respect and will not assault, threaten, or intimidate any person. I will not lie to, mislead, or misinform my probation officer either by statement or omission of information.
12. I will submit to a search of my person, property, residence, vehicle, or personal effects at any time, if reasonable suspicion exists, by a peace officer or probation/parole officer.
13. I will not have any contact with persons known to or suspected of engaging in illegal or questionable activities, including the use, manufacture, or sale/distribution of drugs.

- 14. I will submit to toxicology/breath analyzer or drug testing upon request of my probation officer or peace officer.
- 15. I will not use any drugs unless prescribed for me by a physician and will not use or possess any illegal drugs or prescription drugs for which I do not have a valid prescription.
- 16. I will actively cooperate with, participate in, and complete any programs or services I am directed to by my probation officer and comply with the specific rules of that program.
- 17. I will abide by any additional conditions set by my probation officer that are listed below or on an additional agreement.

My motor vehicle(s) are as follows:

1. \_\_\_\_\_  
 (year) (make and model) (license number) (license state)

Presently parked or located at \_\_\_\_\_

2. \_\_\_\_\_  
 (year) (make and model) (license number) (license state)

Presently parked or located at \_\_\_\_\_

3. \_\_\_\_\_  
 (year) (make and model) (license number) (license state)

Presently parked or located at \_\_\_\_\_

**Special Conditions:**

- 101.1 I will not use or possess alcohol. I will not enter any establishment whose primary source of income is from the sale of alcoholic beverages.
- 101.2 I will be responsible for the cost of any drug or alcohol screen while on probation.
- 101.3 I will be responsible for the cost of all urine analysis at a rate of \$25 per U/A.
- 101.4 I will contact my probation officer by phone on the 1<sup>st</sup> and the 15<sup>th</sup> of every month.
- 101.5 I will complete anger management counseling.

I understand that my failure to comply with the above will be deemed to be a violation of the terms and conditions of probation, for which my probation may be revoked by the court.

I hereby certify that I have read (or had read to me) the above agreement, and that I do understand and agree that it shall be in full force and effect until I have received my final discharge from probation. I further certify that I have received a copy of this probation agreement.

Signed and witnessed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Probationer

\_\_\_\_\_  
Probation Officer

\_\_\_\_\_  
Witness