

**PARTIAL CONFINEMENT CONDITIONS**

[ ]  Community Parenting Alternative (CPA) [ ]  Graduated Reentry [ ]  Extraordinary Medical Placement

Name:       DOC number:

I understand that my placement on electronic monitoring status is a privilege which may be revoked. I understand that any violation of electronic monitoring conditions, or conduct/activity which reflects a disregard for the rights of others, will be sufficient cause to terminate my electronic monitoring and participation in the program.

I understand and agree to abide by the following conditions:

1. Reside at my approved residence:
2. Conduct myself in a lawful manner.
3. Comply with all federal, state, tribal, and local laws.
4. Wear my electronic monitoring device as required, follow specified procedures, and comply with any telephone and computer access restrictions as they apply to the monitoring device requirements.
5. Accept visits from Department employees (e.g., at my job site, home, school, treatment).
6. Report to my case manager as directed.
7. Continue mental health treatment, substance use disorder treatment, and/or other programming requirements.
8. Not own, possess, receive, ship, or transport any firearm, ammunition, or explosive, including fireworks, or knowingly be in the company of a person possessing the same. This includes every sort of gun, rifle, or explosive or similar device, including parts, replicas, and the frame/receiver of firearms.
9. Not possess, carry, or control any weapon or item that may be used as a weapon. This includes, but is not limited to, airsoft guns, BB guns, blackjacks; sling shots; billies; sand clubs; sandbags; metal knuckles; any dirk; dagger; pistol, revolver, or any other firearm; any knife having a blade longer than 3 inches; any razor with an unguarded blade; any metal pipe or bar used or intended to be used as a club; any explosive; and any weapon containing poisonous or injurious gas.
10. If participating in CPA/Graduated Reentry, remain steadily employed and will not change employment without prior approval from my case manager.
11. Not have any visitors at my residence or meet them in the community unless approved by my case manager.
12. Not knowingly associate with persons having a criminal record or frequent places where illegal activities are conducted.
13. Not drink, possess, or purchase alcoholic beverages of any kind, or enter any establishments such as bars or liquor stores where the sale and/or consumption of alcoholic beverages on the premises is the primary business of the establishment.
14. Not purchase, consume, or possess marijuana/THC, or frequent any establishments that marijuana is the main commodity for sale.
15. Not consume or possess narcotics or other controlled substances, except as medically authorized, or be in the presence of persons possessing the same. I will inform medical professionals of any addictions I may have.
16. No gambling or forms of cryptocurrency (e.g., mining, trading), digital currency, virtual assets, or blockchain based tokens (e.g., Bitcoin, Ethereum).
17. Remain at my place of residence except for authorized activities or have been given specific permission to do otherwise.
18. Not own or drive a motor vehicle without case manager authorization.
19. Abide by special instructions given to me by my case manager (e.g., verbal directives, conditions of placement).
20. Submit to drug or alcohol testing as requested. It is prohibited to ingest poppy seed food products.
21. Report all use of medications, whether over-the-counter or prescription, to my case manager. I will not use products containing alcohol or ephedrine.
22. If participating in CPA/Graduated Reentry, pay for the costs of my participation (i.e., active phone line, any damage to the electronic monitoring equipment).
23. I am personally responsible for all costs of my housing, meals, and general subsistence.
24. Go directly to and from only the locations approved by my case manager as part of my daily/weekly approved schedule.
25. All electronic devices or access to the internet are subject to search and disclosure. I will provide passwords to my case manager.
26. Sign release of information documents.

If I violate my conditions, I may be sent to Prison to serve the remaining portion of the sentence in addition to any good time that may have been taken in the event of a violation.

I fully understand that willful failure to report as required, unauthorized change of residence or employment, or failure to otherwise inform the Department of my whereabouts, could constitute an escape from custody.

Signature Date

      

Program Administrator/Case manager Signature Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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