



CONDITIONAL PAROLE RELEASE AGREEMENT

State Form 23 (R6 / 1-20)
DEPARTMENT OF CORRECTION

Indiana Parole Board pursuant to IC 11-9-1-2; IC 11-13-3-4; IC 35-50-6-1.

1. **INITIAL REPORTING** – Upon my release from the Institution I agree to proceed directly to the program approved by the division of parole and report to my assigned supervising officer in accordance with the written instructions provided for me at the time of my release.
2. **EMPLOYMENT AND RESIDENCE** – I will make every effort to remain gainfully employed and I understand that I must obtain written permission from my supervising officer prior to changing my employment or residence.
3. **TRAVEL** –
 - a) I understand that out-of-state travel will require written permission from the Division of Parole and be in accordance with the provisions of the Interstate Compact Agreement. Permission for such travel may be obtained after consultation with and receiving written permission from my supervising officer.
 - b) I agree to consult with my supervising officer if personal needs or employment require frequent or prolonged periods beyond the parole district or area to which I am released.
4. **OWNING, LEASING, AND OPERATING MOTOR VEHICLES** –
 - a) I will obtain from my supervising officer written permission from the Division before applying for or renewing a license to operate a motor vehicle.
 - b) I agree to consult with my supervising officer and receive his or her written permission prior to purchasing or leasing a motor vehicle. Permission to own, lease, or operate a motor vehicle is granted with the understanding that I shall comply with all state laws, local ordinances, and regulations of the Bureau of Motor Vehicles pertaining to ownership, financial responsibility, and the operation of motor vehicles.
5. **ABUSE OF ALCOHOL OR CONTROLLED SUBSTANCE** – I understand that the following is a violation of my parole:
 - a) Being intoxicated, or
 - b) Using, possessing, or trafficking illegally in a controlled substance. Abuse of alcohol or drugs is not a defense for violation of the parole release agreement.
6. **VISITING JAILS OR CORRECTIONAL INSTITUTIONS** – Visiting jails, city lock-ups, or state or federal correctional facilities is permitted only after first obtaining written permission of the parolee's supervising officer and of the chief administrative officer of the jail, city lock-up, or state or federal correctional facility to be visited. Such visits shall be limited to visiting those who are blood relatives or spouses, unless the supervising officer determines otherwise on a showing by me of a compelling reason.
7. **CRIMINAL CONDUCT** – I will not engage in conduct prohibited by federal or state law or local ordinance.
8. **FIREARMS AND DANGEROUS WEAPONS** – I understand that carrying, dealing in, or possessing firearms, explosive devices or deadly weapons is a violation of my parole release agreement.
9. **HOME VISITATION AND SEARCH** –
 - a) I will allow my supervising officer or other authorized officials with the Department of Correction to visit my residence or place of employment at any time.
 - b) You are legally in the custody of the Department of Correction. Your person, residence, and any real or personal property found to be reasonably under your control are subject to search.
 - c) A parole agent and/or a law enforcement officer may conduct a search, without a search warrant or prior notice, if the officer or official has reasonable cause to believe that you are in violation of, or in imminent danger of being in violation of the conditions of your parole.
 - d) Property and locations subject to search under this agreement will be assessed on whether the parolee would reasonably have control over the area or property. This includes but is not limited to:
 - 1) Parolee's residence (permanent, temporary, approved or not approved),
 - 2) Parolee's place of employment (approved or not approved),
 - 3) Any motor vehicle which the parolee reasonably has control of,
 - 4) Any location where the parolee's personal property would reasonably be located, and
 - 5) Any other location or property which the parolee reasonably has access to or control of.
10. **COMMUNICATION AND SPECIAL INSTRUCTIONS** – I agree to report to my supervising officer as instructed and to respond to any and all communications from any authorized employee of the Department of Correction. I will abide by any special conditions imposed by the Indiana Parole Board which have been reduced to writing and included as a condition of my parole.
11. Depending on the sentences in which I was found guilty, I may possibly have more than one term of Parole Supervision. If applicable, my Parole Agent will review this matter and all required guidelines with me during my first initial meeting.

SPECIAL CONDITIONS

I understand that any acts of omissions in violation of the terms and conditions of my parole will subject me to being taken into immediate custody by the Indiana Parole Board and initiation of proceedings for revocation of my parole.

I hereby certify that the above statement of parole rules, regulations and conditions of parole has been read and explained to me by the following institutional Agent or Parole Officer, _____, and I agree and consent to these rules and regulations as evidenced by my signature this _____ day of _____, 20____.

CONDITIONAL PAROLE AUTHORIZATION

Name of offender	DOC number	Institution
Witnessed: Institutional agent or parole officer		Signature of offender
Released by Parole Board pursuant to IC 11-13-3-3; IC 35-50-6-1 per:		
Signature of chairman	Date of signature (month, day, year)	Date of release (month, day, year)
Released per IC 35-50-6-1		
Signature of institutional agent	Date of signature (month, day, year)	Date of maximum expiration of sentence (month, day, year)



PAROLE STIPULATIONS FOR SEX OFFENDERS

State Form 49108 (R8 / 5-23)
INDIANA PAROLE BOARD

Name of parolee	Department of Correction number
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These Stipulations and provisions specified in this document by the Indiana Parole Board and the Parole Agent are applicable to you and must be followed regardless of whether you sign this document.

DEFINITIONS

The following definitions apply throughout these stipulations:

- **Child or children:** is/are any person or persons under the age of sixteen (16) years old.
- **Contact:** means face to face, physical, print, telephonic, correspondence, electronic, or indirect via third party.
- **Incidental contact:** where contact with child/children is not planned or expected.
- **Electronic communication:** involves using the internet, the interconnection of communications with a computer or wireless telecommunications device, texting, e-mailing, chatting, private chat rooms, social media sites, and any other method of communication that exists through the worldwide web or other types or means of electronic communication.
- **Electronic communication device:** includes any computer, tablet, telephone, cellular telephone, personal digital assistant, flash drive, solid state drive, pager, and any instrument, device, machine, equipment, software, and cloud storage, that can transfer or store any signs, signals, writing, images, sounds, data, or intelligence of any nature transmitted or stored in whole or in part by a wire, radio, or electronic system.

STIPULATIONS

1. You shall actively participate in your assigned sex offender treatment or class. You must maintain acceptable progress in all treatment or classes. Payment of any fees are your responsibility.
2. You shall sign any waiver of confidentiality, release of information, or any other documents required to permit your parole agent and/or behavioral management or treatment or class providers to review all records, to collaboratively share and discuss your behavioral management conditions, treatment or class progress, and parole stipulation needs as a team. This permission may extend to: (1) sharing your relapse prevention plan and treatment or class progress with others as directed by your parole agent or treatment or class provider(s), and (2) sharing of your modus operandi behaviors with law enforcement personnel.
3. You shall be required to inform all persons living at the same residence of current and previous sex related convictions prior to establishing residency, as verified by your parole agent. You shall notify your parole agent of any change in home situations within twenty-four (24) hours. You shall have only one residence and one mailing address at a time.
4. You may not have contact with **ANY** child/children due to the nature and circumstances of your criminal conviction(s) without advance written approval by the Indiana Parole Board in consultation with your parole agent and treatment provider. You must never be in any vehicle, including a ride sharing program, or any residence with any child/children even if other adults(s) are present, without prior approval from your parole agent. You must report any incidental contact with children to your parole agent within twenty-four (24) hours of contact.
5. You shall not visit, travel through, or intentionally loiter within one thousand (1,000) feet of any place that children are reasonably expected to gather or congregate, including but not limited to: parks, schools, playgrounds, sporting events, public swimming pools, nature trails, public beaches, libraries, movie theaters, county / state fairgrounds, amusement parks, and shopping malls without prior approval from your Parole Agent. You may be required to maintain a daily log.
6. You shall not have contact with your victim or victim's family, without prior approval from your Parole Agent, and only under special supervised conditions.
7. You shall comply with any medical or mental health treatment or assessment and any other behavioral management stipulations as required by your parole agent. You will only participate in behavioral management programs that are approved by your parole agent. You shall not miss any appointments without the prior approval from your parole agent and or treatment providers. You will not discontinue taking any prescribed medication or start new prescriptions without the approval of your prescribing physician and you must notify your parole agent and treatment provider within three (3) working days of discontinuing the medication.
8. You shall not possess or view any sexually obscene materials. This includes but is not limited to materials that describe or portray human nudity, exploitation of children, consensual sex acts, nonconsensual sex acts involving force or violence, or any other material deemed to be sexually arousing including, but not limited to the following: hard copy (magazine, photo, etc.); internet websites; social networking sites; streaming services; photographs, drawings; audio / video tapes, CDs / DVDs / blu-rays, flash drives, cell phones or any digital storage device containing photographs displaying nudity, magazines, books, literature, writings or any other material deemed to be sexually arousing as determined by your Parole Agent. You may not enter any adult entertainment or strip clubs or adult novelty or bookstores that specialize in the distribution or sales of sexually orientated materials. You may not utilize sexually oriented telephone services or engage in sexual activity or contact for the exchange of money, property, or services. You shall not possess any sex toys, devices, or aids.

9. You shall not possess or access personal contact materials, including online dating and relationship websites and applications, magazines, newspapers, or other auditory, telephonic, electronic, or printed materials that contain information about persons who seek sexual contact with others. You shall not seek sexual contact with others by way of personal contact materials or electronic communications.
10. You are only permitted to possess electronic communication devices that have been approved by your Parole Agent. Approved devices are to have an approved reporting program installed with the cost being your responsibility. You shall not obtain any electronic communication devices without prior approval from your Parole Agent. You shall not use any electronic communication device with any type of internet connection at any location (including employment) without prior approval from your Parole Agent. You shall not use any social media to contact any person. If requested by your Parole Agent, you shall provide the call and text message logs from your electronic communication device.
11. You shall consent to the search of any electronic communication device found in your possession and immediately provide all associated usernames and passwords to the devices upon request from Parole staff. You shall also consent to the installation of any hardware or software systems on your electronic communication device(s) with internet capability, at your expense, to monitor internet usage. You shall not have access to passwords or stored data on any electronic communication device that is shared with another person. You are prohibited from using any application or method to password protect, hide, lock, or otherwise conceal from inspection any prohibited material. You are prohibited from using encryption software or deleting, erasing, or tampering with information on your electronic communication device that conceals any prohibited activity.
12. You shall not possess or use alcohol or any illegal controlled substance at any time.
13. You shall not frequent or be present at any establishment whose main business purpose is the selling, distribution, serving or drinking of alcoholic beverages or illegal controlled substances.
14. You shall submit to a substance abuse evaluation and follow all recommendations if requested.
15. You shall submit to breath (e.g. alco-sensor), urine, blood, saliva, and/or DNA testing as ordered by your parole agent.
16. You shall not drive any motorized or non-motorized vehicle, walk, or ride by or be close to any areas, public or private, where persons under the age of sixteen (16) are known to congregate or could be reasonably or are normally expected to congregate unless you have good cause, and no feasible alternative route is available. These areas include, but are not limited to, schools, public or private parks, playgrounds, beaches, swimming pools, theaters, day care centers without prior approval from your Parole Agent. You may be required to maintain a daily log.
17. You shall not hitchhike or pick up hitchhikers.
18. You are not permitted to leave your approved residence during curfew hours (9:00pm – 5:00am local time) unless you receive prior approval from your Parole Agent, who can adjust your curfew as necessary.
19. Without prior approval from your Parole Agent you shall not engage, establish, pursue, or maintain any sexual relationship with any person. You shall not associate with any person or family with minor children. You shall not stay overnight with any person away from your approved residence without prior approval from your Parole Agent.
20. You shall not use your employment to acquire new victims. Your parole agent may contact your employer at any time. You will not work in certain occupations that involve being in the private residences of others such as, but not limited to, door-to-door sales, soliciting, or delivery. Your parole agent must first approve any employment that you do engage in.
21. You will not attempt to persuade, whether by words or actions or both, a child/children to enter a vehicle, structure, or enclosed area, or to otherwise relocate their position or location.
22. You shall not join or be associated with any group which promotes activities involving children under sixteen (16) year of age, such as, but not limited to, church or religious youth groups, Boy Scouts, Girl Scouts, Cub Scouts, Brownies, YMCA, YWCA, youth sports teams, public parks, etc.
23. You shall actively participate in offense specific mental health treatment program(s) approved and ordered by your parole agent at your own expense. You will contact the approved/designated provider within seven (7) days of release to parole to schedule an appointment unless an appointment was already scheduled prior to release on parole. Treatment is considered a behavioral management requirement of your parole and may include plethysmograph or polygraph testing or similar assessment/management tools. Termination from treatment or non-compliance with other required behavioral management requirements will be considered a violation of your parole release agreement. Subsequent treatment referrals, if any, will be at the direction of your parole agent. Should you request and be permitted to change treatment providers, stricter stipulations may be applied.
24. You shall consent to, participate in and complete periodic polygraph testing at the direction of your Parole Agent and make payment of any co-pays to the polygraph provider before all scheduled polygraph testing.
25. You shall report to your Parole Agent as frequently as instructed.
26. You shall be compliant with the Sex and Violent Offender Registry (SVOR) and related statutes which include but are not limited to residency restrictions per IC 35-42-4-11, employment per IC 35-42-4-10, residence address, vehicles, telephone number, e-mail and social media accounts and passwords. You are required to register with local SVOR office within seventy-two (72) hours of being released to Parole supervision and as instructed by your Parole Agent and the Registry Office.

27. You shall consent to the installation, maintenance, and operation of any electronic monitoring equipment in both your residence and on your person and follow the GPS Parolee Agreement and Contract associated with the Electronic Monitoring Program.

28. You shall not possess or operate an unmanned aerial vehicle (UAV) for the purpose of surveillance, following, contacting, or capturing images or recordings of one (1) or more other individuals.

STIPULATIONS (continued)

The following additional and specific stipulations are also in effect and apply to your parole:

29.

30.

I HEREBY IMPOSE THE FOLLWING STIPULATIONS LISTED ABOVE:

Signature of member of the Indiana Parole Board

Date (month, day, year)

I HAVE READ OR HAVE HAD READ TO ME THE ABOVE PAROLE STIPULATIONS AND AGREE TO ABIDE BY THEM CONSISTENTLY AND WITHOUT EXCEPTION. I UNDERSTAND THAT IF I REFUSE TO SIGN AT THE SPACE PROVIDED BELOW, THE STIPULATIONS ABOVE WILL STILL APPLY TO MY PAROLE.

Signature of parolee

Date (month, day, year)

Signature of witness

Date (month, day, year)

WAIVER OF EXTRADITION: I hereby waive extradition to the State of Indiana from any jurisdiction in or outside the United States where I may be found, and I also agree that I will not contest any effort to return me to the State of Indiana.

Signature of parolee

Date (month, day, year)

Signature of witness

Date (month, day, year)

NOTE: The Parole Stipulations identified in this document are subject to modification (addition of requirements or removal or change of existing requirements, based upon changes in information or circumstances. Any modification must be recommended by the Parole District to the Indiana Parole Board.