SPECIAL PAROLE STIPULATIONS

State Form 49778 (R4 / 5-25)
DEPARTMENT OF CORRECTION

Name of Parolee	Department of Correction number

The Indiana Parole Board hereby imposes the following stipulations upon the parole of the above referenced individual. The stipulations outlined below are effective from the date the individual receives notice through the facility release coordinator or a parole officer. Only those stipulations checked apply.

☐ 1. You must have no contact with _____ or their family.
"Contact" means face-to-face, telephone, electronic, correspondence, or via third parties.

☐ 2. You must attend, participate, and successfully complete _____

☐ 3. You must submit to a substance abuse evaluation and follow all recommendations.

☐ 4. You must submit to a mental health evaluation and follow all recommendations.

☐ 5. You must not use, consume, or possess illegal controlled substances, alcohol, or beverages containing alcohol.

☐ 6. You must not frequent or be present at any establishment whose main business purpose is the selling, distribution, serving, drinking of alcoholic beverages, or illegal controlled substances.

☐ 7. You must not travel to, through or be present in _____

_____ without prior, written approval of your parole officer.
Your parole officer must not give you written approval without first consulting with the Parole Board.

☐ 8. You must attend, participate, and successfully complete anger management counseling/ treatment.

☐ 9. You must attend, participate, and successfully complete the residential program at _____

_____

☐ 10. Intensive Supervision

☐ 11. You shall agree to permit the installation, maintenance, and operation of any electronic monitoring equipment in both your home and on your body. You must participate in and successfully complete the electronic monitoring program.

☐ 12. You shall not knowingly associate with persons who are members of a criminal organization as identified in Indiana Code 35-45-9-1 and/or those confirmed by the IDOC to be Security Threat Group (STG) affiliated.

☐ 13. Other: _____

_____

Imposed by the Indiana Parole Board on *(month, day, year):*

Signature of Indiana Parole Board member