



## CONDITIONS OF PAROLE

State Form 23 (R8 / 5-25)  
DEPARTMENT OF CORRECTION

### CONDITIONAL PAROLE REGULATIONS

I do hereby agree to abide by the following terms and conditions of parole as established by the Department of Correction and promulgated by the 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 SUBSTANCES**- 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 Conditions of Parole.
6. **JAILS OR CORRECTIONAL INSTITUTIONS** - Visiting or communicating with Incarcerated Individuals in a jail or state or federal correctional facility is permitted only after first obtaining written permission from the parolee's supervising officer and of the chief administrative officer the jail 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 due to a compelling reason provided by the parolee.
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, dangerous weapons, or any item that is reasonably perceived as being a firearm, explosive device, or dangerous weapon is a violation of my conditions of parole.
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 officer 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 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 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.

### 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 have read or have had read to me the above parole conditions and agree to abide by them consistently and without exception. I understand if I refuse to sign at the space provided below, the conditions above will still apply to my parole.

Depending on the sentences in which I am found guilty, I may possibly have more than one term of parole supervision. If applicable, my parole officer will review this matter and all required guidelines with me during my first initial meeting.

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

### CONDITIONAL PAROLE AUTHORIZATION

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

**DISTRIBUTION:** Original - Offender Packet, Facility; Copy - Offender Packet, Parole; Copy - Parole Services