



**Mid Missouri Community
& Legal Services, LLC.**
Level 1 Reporting agreement

Client: _____ Case #: _____

Congratulations, you have qualified for email/mail in reporting! It is your responsibility to make sure your report form is sent to your probation officer by your reporting date, in the event you forget to mail in your report or you don't think it will be received in time, please call and report via phone asap. I understand that this is a privilege that can be revoked by my officer at any time. If you do not report as directed, your officer may move your probation level back levels &/or place a violation.

You are subject to the following conditions:

Conditions of Probation

1. **LAWS:** I will obey all the federal and state laws, municipal and county ordinances. ***It is your responsibility to make the probation office aware if you have come in ANY contact with law enforcement within 48 hours.**
2. **TRAVEL:** I will obtain advance permission from my Probation officer before leaving the state. I understand I am to give a 15 day advance travel request for my officer to review and issue me a travel permit if approved.
3. **RESIDENCY:** I will obtain advance permission from my Probation officer before making any change in residency and notify the court of change in address ***within 48 hours, this also includes contact numbers.**
4. **EMPLOYMENT:** I will maintain employment unless engaged in a specific program approved by my Probation officer. I will obtain advance permission from my Probation officer before quitting my job or program. In the event I lose my job or am terminated from a program, I will notify my Probation officer ***within 48 hours.**
5. **ASSOCIATION:** I will obtain advance permission from my Probation officer before I associate with any person who has been convicted of a **felony**. It is my responsibility to know the whom I am association.
6. **DRUGS:** I will not have in my possession or use any controlled substances except as prescribed for me by a licensed medical practitioner. Defendant shall consent to search of person, dwelling, blood, breath, or urine tests, & not consume intoxicants. ***The drug screen is at your expense.**
7. **WEAPONS:** I will not own, possess, purchase, receive, sell, or transport any firearms, ammunition or explosive devices, or any dangerous weapon if I am on probation or parole for a felony charge or a misdemeanor involving firearms, or explosives, or if it is in violation with federal, state or municipal laws or ordinances.
8. **REPORTING/DIRECTIVES:** I will report as directed to my Probation Officer. I will abide by any directives given to me by my Probation officer. ***It is your responsibility to call at least 24 hours to notify that you need to reschedule, if you do not, a \$30 rescheduling fee will be applied.**
9. **SUPERVISION STRATEGY:** I will enter and successfully complete any supervision strategy and abide by all the rules and program requirements, as directed by the Court, Board or my supervising Probation officer.
10. **FEEs:** I acknowledge that I am responsible for paying a **\$40.00** Probation Fee upon assignment and every month there after, and a \$5.00 late fee applied for every month I am past due. I understand if I get two months past due on probation fees it will result in a probation violation. ***Drug screens are also a fee that is at your expense.**
11. **SPECIAL CONDITIONS:** Defendant shall complete any conditions as agreed per Judgment and Sentencing and/or probation officer within the time frame provided.

I have reviewed and agreed to the information listed above & to be placed on mail in/email reporting. I agree to comply with such conditions during the period of my probation. You are to report any contact that you may have with any law official within 24 hours (if occurrence happens on a weekend or holiday, you must report by Monday morning). In the event that you have a change of address or contact number, you will need to notify us within 24 hours.

Defendant Signature: _____ **Date:** _____

Officer's Signature: _____ **Date:** _____

Copies Provided to:	Client	Clients Attorney	Contact of Client
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