

ORDER OF DISCRETIONARY PAROLE

Parolee: _____ DOB: _____ OTIS #: _____

Released: _____ Supv. Expires: _____ Case #: _____

.....
This parole is granted effective (*Parole Effective Data*), or as soon thereafter as a release plan is verified by the Alaska Department of Corrections. Parole will expire on (*Parole Expiration Date*). Parole is granted with the understanding the Board can have the parolee returned to custody at any time when it determines a condition or parole has been violated.

CONDITIONS OF DISCRETIONARY PAROLE

1. **REPORT UPON RELEASE:** I will report in person no later than the next working day after my release to the P.O. located at: _____ and received further reporting instructions. I will reside at: _____
_____.
2. **MAINTAIN EMPLOYMENT/TRAINING/TREATMENT:** I will make a diligent effort to maintain steady employment and support my legal dependents. I will not voluntarily change or terminate my employment without receiving permission from my Parole Officer (P.O.) to do so. If discharged or if employment is terminated (temporarily or permanently) for any reason, I will notify my P.O. the next working day. If I am involved in an education, training, or treatment program, I will continue active participation in the program unless I receive permission from my P.O. to quit. If I am released, removed, or terminated from the program for any reason, I will notify my P.O. the next working day.
3. **REPORT MONTHLY:** I will report to my P.O. at least monthly in the manner prescribed by my P.O. I will follow any other reporting instructions established by my P.O.
4. **OBEY LAWS/ORDERS:** I will obey all state, federal and local laws, ordinances, and court orders.
5. **PERMISSION BEFORE CHANGING RESIDENCE:** I will obtain permission from my P.O. before changing my residence. Remaining away from my approved residence for 24 hours or more constitutes a change in residence for the purpose of this condition.
6. **TRAVEL PERMIT BEFORE TRAVEL OUTSIDE ALASKA:** I will obtain the prior written permission of my P.O. in the form of an interstate travel agreement before leaving the State of Alaska. Failure to abide by the conditions of the travel agreement is a violation of my order of parole.
7. **NO FIREARMS/WEAPONS:** I will not own, possess, have in my custody, handle, purchase or transport any firearm, ammunition or explosives. I may not carry any deadly weapon on my person except a pocket knife with a 3" or shorter blade. Carrying any other weapon on my person such as a hunting knife, axe, club, etc. is a violation of my order of parole. I will contact the Alaska Board of Parole if I have any questions about the use of firearms, ammunition, or weapons.
8. **NO DRUGS:** I will not use, possess, handle, purchase, give or administer any narcotic, hallucinogenic, (including marijuana/THC), stimulant depressant, amphetamine, barbiturate or prescription drug not specifically prescribed by a licensed medical person.
9. **REPORT POLICE CONTACT:** I will report to my P.O., not later than the next working day, any contact with a law enforcement officer.
10. **DO NOT WORK AS AN INFORMANT:** I will not enter into any agreement or other arrangement with any law enforcement agency which will put me in the position of violating any law or any condition of my parole. I

STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

understand that the Department of Corrections and Parole Board policy prohibits me from working as an informant.

- 11. NOT CONTACT WITH PRISONERS OR FELONS: I may not telephone, correspond with or visit any person confined in a prison, penitentiary, correctional institution or camp, jail, halfway house, work release center, community residential center, juvenile correctional center, etc. Contact with a felon during the course of employment during Corrections-related treatment is not prohibited if approved by my P.O. I will notify my P.O. the next working day if I have contact with a prisoner or felon.
- 12. CANNOT LEAVE AREA: I will receive permission from my P.O. before leaving the area of the state to which my case is assigned. My P.O. will advise me in writing of limits of the area to which I have been assigned.
- 13. OBEY ALL ORDER/SPECIAL CONDITIONS: I will obey any special instructions, rules, or orders given to me by the Board of Parole or by my P.O. and I will follow any special conditions imposed by the Board of Parole or my P.O.
- 14. WAIVE EXTRADITION: I will waive extradition to the State of Alaska from any state or territory of the United States, and I will not contest efforts to return me to Alaska by the Board of Parole or my P.O.
- 15. PROVIDE DNA SAMPLE: I will provide a blood and/or oral sample when requested by a health care professional acting on behalf of the State. When I am being released after a conviction of an offense requiring the State to collect the sample(s) for the DNA identification system under AS 44.41.020.

I have received a copy of these conditions of parole. I have had the opportunity to read these conditions or to have them read to me if I cannot read. My mandatory parole can be revoked and I can be required to serve the remainder of my sentence if I violate any parole conditions. I understand it is my responsibility to contact my P.O. if I have a question about the meaning or intent of any parole condition. I realize I can be arrested by a P.O. at any time with or without a warrant if my conduct so dictates.

Parolee Signature

Date

Alaska Board of Parole Representative

Date

Witness Signature

Date

DISTRIBUTION: **WHITE**-Institution **YELLOW**-Board of Parole **PINK**-Parolee **GOLD**-Parole Officer

Alaska Board of Parole, P.O. Box 112000, Juneau, AK 99811-2000