## Adams County Department of Probation Services Sex Offender Conditions of Supervision

Name:	Case Number:
expectations and recommendat program. You shall provide write	er evaluation from a certified sex offender treatment provider and follow through with all ions resulting therefrom and shall assume all responsibility for the costs of any required ten authorization for release of confidential information between your certified sex offender ms County Department of Probation Services.
2. You shall submit to regular po of this service.	lygraph examinations as directed by the treatment provider. You are responsible for the cost
playgrounds, swimming pools, s	or victim, you shall not frequent places where children congregate including but not limited to, chools, malls, arcades. You shall not engage in any activity or employment that will bring you in ss you receive permission from your Probation Officer.
the Court; this includes children	or victim, you are not permitted to reside with minor children without permission from within your family. You will not have any contact with minor children without permission Court Order. If supervised contact is permitted, the individual who provides the cer and the treatment provider.
depicting or showing nudity. Yo	raphic materials of any kind, including photographs, movies, or computer-generated images u shall not enter adult book stores, adult entertainment clubs, massage parlors or any other hales are mades or females.
6. You may not possess images of	of your victim(s) in any format.
7. You will sign and agree to the	conditions of the Sex Offender Internet Capable Device and Internet Access Agreement.
their accessories, and any other time to detect pornographic or s program installed on any compu sex offender treatment provider	are subject to search of cell phone, camera/video recorder, computer, gaming device and device capable of internet access. These items may be viewed and/or scanned at any exually explicit content. You will agree to have a technology monitoring device or ter or device you are authorized to possess or to which you have access if your certified tion of any of these sex offender conditions or the Sex Offender Internet Capable Device and
	fender registration and statutory requirements if applicable. You must provide fingerprints, otograph, pursuant to 42 Pa.C.S.A.9799.23(a)(4)
10. You shall obtain permission f	rom a Probation Officer before leaving the Commonwealth of PA.
11. You shall not receive mail at a	any other location than your home residence address without your Probation Officers approval.
12. You are required to sign "Rel	ease of Information" forms as directed.
ACKNOWLEDGEMENT I hereby acknowledge that I have r with them.	ead, or have had read to me, the foregoing conditions. I fully understand and agree to comply
Defendant/Juvenile:	Date:
Probation Officer:	Date:
Parent/Guardian:	Date: