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

Name:	Case #:
and recommendations resulting therefrom and shall assume	sex offender treatment provider and follow through with all expectations all responsibility for the costs of any required program. You shall provide between your certified sex offender treatment provider and the Adams
2. You shall submit to regular polygraph examinations as direservice.	cted by the treatment provider. You are responsible for the cost of this
	ent places where children congregate including but not limited to, nall not engage in any activity or employment that will bring you in close ur Probation Officer.
includes children within your family. You will not have any co	reside with minor children without permission from the Court; this ontact with minor children without permission from your Probation the individual who provides the supervision must first be approved by
	cluding photographs, movies, or computer-generated images depicting or entertainment clubs, massage parlors or any other establishment that
6. You may not possess images of your victim(s) in any forma	t.
7. You will sign and agree to the conditions of the Sex Offend	er Internet Capable Device and Internet Access Agreement.
accessories, and any other device capable of internet access. pornographic or sexually explicit content. You will agree to he or device you are authorized to possess or to which you have	phone, camera/video recorder, computer, gaming device and their These items may be viewed and/or scanned at any time to detect ave a technology monitoring device or program installed on any computer access if your certified sex offender treatment provider recommends or or the Sex Offender Internet Capable Device and Internet Access
9. You will comply with all sex offender registration and statu prints, DNA sample and photograph, pursuant to 42 Pa.C.S.A	story requirements if applicable. You must provide fingerprints, palm .9799.23(a)(4)
10. You shall obtain permission from a Probation Officer be	efore leaving the Commonwealth of PA.
11. You shall not receive mail at any other location than yo	our home residence address without your Probation Officers approval.
12. You are required to sign "Release of Information" forms as directed.	
ACKNOWLEDGEMENT I hereby acknowledge that I have read, or have had read to me them.	e, the foregoing conditions. I fully understand and agree to comply with
Defendant/Juvenile:	Date:
Probation Officer:	Date:
Parent/Guardian:	Date: