

STATE OF INDIANA)
COUNTY OF STEUBEN)

IN THE STEUBEN CIRCUIT COURT

IN THE MATTER OF:

A YOUTH ALLEGED TO BE A DELINQUENT YOUTH

CAUSE NUMBER: _____

ORDER OF PROBATION

TERM OF PROBATION: _____ MONTHS TO BEGIN _____ TO END _____

The conditions checked below apply to you as a result of your adjudication and your specific needs as identified by the Indiana Youth Risk Assessment. The conditions will be initialed by you after you have read them or after they have been read to you. Violation of any of the conditions checked below and/or being alleged to have committed a new offense may result in modification of your probation supervision including commitment to an appropriate institution.

Ordered Youth's
By Court Initials

- _____ _____ Meet with your Probation Officer at the scheduled time and location (i.e. office, school, home, other). If you cannot keep your appointment, it is your responsibility to call the Probation Department within 24 hours or the next business day to reschedule your appointment.
- _____ _____ Tell the Probation Department of any changes to your address, phone number, school status/enrollment.
- _____ _____ Submit a travel request form in advance of any travel outside the State of Indiana for approval by the Court and/or Interstate Compact.
- _____ _____ Possession of alcohol and other drugs are in violation of the law. You will be subject to random testing and will be responsible for the testing as an additional Probation User's Fee.
- _____ _____ A Probation Officer may visit you at your home or school. A Probation Officer may conduct a search of your person, property or residence.
- _____ _____ Unless you are with a parent or legal guardian your curfew is
Weekdays: _____ Weekends: _____
- _____ _____ Complete _____ hours/Community Service Work crews.
- _____ _____ Complete an intake assessment for:
 Substance ABUSE, Anger Management, Psychological/Psychiatric Evaluation
Upon completion of intake assessment you are expected to attend any and all treatment or counseling sessions which are recommended by the evaluation (s).
- _____ _____ Continue counseling/therapy as recommended by: _____
- _____ _____ No Contact with: _____

_____ Other: _____

_____ Court Cost: \$ _____
_____ Youth Administrative Fee: \$ _____
_____ Initial Youth Probation User's Fee: \$ _____
_____ Continuing monthly fee: \$ _____ for _____ Months
_____ Interstate Compact Transfer Fee: \$ _____

**Court Cost, Youth Probation User's Fees, and Administrative Fee is payable to
Steuben County Court Clerk
55 Public Square, Angola, IN 46703
Payments must be paid by cash or money order. Payments may be in full or partial payments.**

ORDERED BY THE STEUBEN COUNTY CIRCUIT COURT THIS _____ DAY OF _____ 20

Allen N. Wheat, Judge

I have read and/or had explained to me the above conditions of my probation. I agree to follow the terms. I understand that failure to follow these terms may result in a change of my supervision including commitment to an appropriate institution.

Youth Date

The undersigned, being the parent(s) or guardian(s) of the youth hereby consents to the above conditions of supervision. I (we) believe that these terms of probation are in the best interest of my child and I (we) agree to participate fully in this program of probation and will keep the Probation Department informed of above youth's progress, problems and any violation which may occur. Further I (we) understand that the Court has ordered me (us) and the above youth to pay all monetary obligations and failure to do so shall result in the Court ordering Garnishment against the parent/guardian wages until monetary obligations paid in full.

Parent/Guardian Parent/Guardian

I have on the _____ day of _____, 20____, read, explained and delivered a copy of the above Conditions of Probation to the youth in the presence of the youth's Parent(s)/Guardian(s).

Probation Officer