IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
SPECIAL CONDITIONS OF PROBATION

State of Arizona
Vs. _____

Maricopa County Division: _____
CASE / CR# / COUNT: _____

PID# AZ: _____ ☐ Reinstatement Commencing: ☐ Today's date This Date: _____

Pursuant to Uniform **Condition 21:**

☐ **Veteran's Court**

1. I will be screened for Veteran's Court and if accepted, participate, cooperate in and successfully complete the Veteran's Court program to include abiding by all Veteran's Court orders or contracts provided to me in future Court hearing.
2. I will sign release of information forms for all service providers as directed by the APD.
3. I will actively participate and cooperate in any program screenings and treatment as directed by the APD. I will follow all rules and instructions of the program and/or treatment staff.
4. If prescribed medications, I will take that medication as prescribed and report any changes in medication use to the APD.
5. I will submit to blood level checks and urinalyses as instructed by treatment staff or the APD.
6 I will abide by any restrictions to residence, if imposed by the APD. I will not move and/or leave the program without the written approval of APD.
7. I understand Uniform Condition #15, with the exception of restitution, may be deferred at the discretion of the Court.
8. I may serve up to 120 days in the Maricopa County Jail as specified at a future Court hearing.
9. I will complete up to 100 hours of community restitution as specified at a future Court hearing.

☐ **Mental Health**

1. I will be screened for the Mental Health Court and, if accepted, participate, cooperate in and successfully complete the Mental Health Court program to include abiding by all Mental Health Court contract orders provided to me by the Mental Health Court.
2. I will actively participate and cooperate in any program screenings and treatment as directed by the APD.
3. I will follow instructions of program and/or treatment staff.
4. I will take my medications as prescribed and report any changes in medication use to the APD.
5. I will submit to blood level checks and urinalyses as instructed by treatment staff or the APD.
6. I will abide by any curfew or restrictions to residence, if imposed by the APD.
7. I may serve up to 120 days in the Maricopa County Jail as specified at a future Court hearing.

Receipt and Acknowledgement: I acknowledge receipt of the Special Conditions of Probation. I understand and will comply with the conditions. I understand that by not abiding by the Conditions of Probation my probation could be revoked and the Court may sentence me in accordance with the law.

_____ _____ _____ _____
Defendant Signature Date Judge of the Superior Court Date

White (original): Court File Yellow: APD File Pink: Defendant