

Island County District Court Probation Department

800 SE 8th Avenue, Oak Harbor, WA 98277

Phone: 360 675-0777 ext. 2 Fax: 360 678-8221 Email: ICProbation@islandcountywa.gov

PROBATION AGREEMENT

The Court is granting you the privilege of probation. It believes that you are able to overcome the difficulties, which brought about your arrest. The Court will be kept informed regarding your progress through your Probation Officer, who, as the official representative of the Court, will try to aid you in every possible way to justify the confidence which the Court has placed in you. You are conditionally released and the sentencing or preside Judge may, at any time, modify the terms of the Probation Agreement. Failure to comply with the Probation Agreement may result in a show cause being issued by the Court. Any suspended jail time and/ or fine may be imposed. You were Court Ordered to comply with the Judgement & Sentence, or SOC to obtain and /or complete the following items marked:

____ Alcohol/ Drug Assessment ____ Alcohol/Drug Information School ____ Victims Impact Panel

____ Domestic Violence Evaluation ____ Mental Health Assessment ____ Anger Management Evaluation

____ Other: _____

While on Probation, I AGREE TO, by my initials, to the following:

____ Notify Probation immediately of any and all contacts by law enforcement agencies.

____ Notify Probation of any address or employment changes.

____ Comply with the affirmative conditions imposed on the Judgment & Sentence or SOC

While on Probation, I acknowledge, by my initials, to the following:

____ I am not to possess or consume any alcoholic beverages, or non-prescription drugs during the term of my active Probation. Including: MARIJUANA, medical or non-medical.

____ I may not refuse random UA's, portable breath tests and home visits.

____ I understand I must have the Ignition Interlock Device, as required by the DOL, and have the Interlock installed in my personal vehicle and provide proof to the Probation Department

____ I understand that if I travel out of the State for longer than 30 days, then I must obtain a travel pass from the Probation Department, if required.

____ If I leave the State of Washington on a permanent basis, I understand that I must comply with the Interstate Compact, if required.

____ I will check in with my Probation Officer once a month in person, by email, or via telephone.

DATE:

Length of Probation:

Print Name: _____ Phone: _____

Address: _____ City/State: _____

Signed: _____ Case #: _____

Charge: _____ Probation Officer: _____

If you would like to schedule an appointment with your Probation Officer to discuss the conditions of your Probation, or if a problem arises, please contact our office 360.675.0777 ext.2