

## DEPARTMENT OF ALTERNATIVE SENTENCING

885 East Musser Street, Suite 2080 Carson City, Nevada 89701 Phone (775) 887-2528 Fax (775) 887-2302



Tad Fletcher, Chief

## **PROBATION GUIDELINES**

Honesty is required at all times.

If you have been placed on **FORMAL PROBATION**, you are **required to report in person to this office** every month between the 1<sup>st</sup> – 5th from 8:00- 4:30 only, **excluding weekends and holidays**. **AFTER THE 5<sup>th</sup> YOU ARE CONSIDERED <u>LATE</u>**. Probation Fees are \$50.00 per month. If you are unable to pay your supervision fees, you are <u>still required to report</u>. Arrangements may be made for payment.

You are required to provide a current home address and phone number. If you are not going to sleep at your listed address, you are required to have received permission from an Officer prior to staying at another location. Failure to update your whereabouts will result in a warrant for your arrest. You must call during business hours (8:00 am – 5:00 pm) or appear in person to this office with the new information, to insure the information has been updated in your file.

If you need to leave the state, you are <u>required</u> to report to the DAS office <u>in person</u> and complete a Travel Request form. Travel Request forms are located in the hallway. Permission to leave the state is at the discretion of DAS Officers.

If chemical testing is a condition of your probation, be prepared to give the necessary sample for testing (i.e. urine or breath). You are required to provide a urine sample within 45 minutes of an Officer's request. <u>Failure to provide the required sample is a violation of your conditions and will be considered a refusal.</u>

If you have been advised that you are not to Possess or Consume Alcohol or Drugs, **you are not** allowed to take **narcotic or addictive** medication, unless the medication has been pre-approved by DAS. In order to take these medications, you must provide a letter from your physician stating it is a **"medical necessity"** and non-narcotics are not an option. "Spice" or any synthetic cannabinoids and "bath salts" (cathinones, mephedrone, MDPV) are not allowed. **Prescription re-fills have to be re-approved by DAS.** 

**You** are responsible for all counseling reports, enrollments, VIP reports, community service time sheets and AA meeting attendance logs. DAS must receive verification of all required reports, logs or meetings. If DAS does not receive the necessary documentation, on time, a **warrant** for your arrest may be issued. **Monthly counseling reports are due by the 25<sup>th</sup> of every month**.

No family members or friends are allowed in the hallway to the DAS Office. Please have them wait in the lobby area or on the benches in front of the courtrooms.

All conditions of your probation have been explained to you. **Ignorance is not an excuse**. If you are unclear of a condition, ask an Officer or Office Technician to explain.

I understand that my records are protected under Federal regulations governing Confidentiality of Alcohol/Drug abuse patient records, 42 CFR, Part 2 & 45, CFR Parts 160-165, and cannot be disclosed without my written consent and I waive this right.

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Signature:		Date		
CASE#	WITNESS:_			

I have read and understand the above guidelines.