

UTAH COUNTY SHERIFF'S OFFICE
Utah County Alternative Probation



UCAP Program Supervision Agreement

I, _____, understand I have entered a guilty plea in my case # _____, my plea has been held in abeyance, and I have been ordered to complete the Utah County Alternative Probation (UCAP) Program. I further understand I have waived some of my Constitutional and Statutory rights, and I have agreed to strictly abide by UCAP supervision terms and conditions including, but not limited to:

1. **Initial** ___ Residing continually in Utah County, during the entire term of probation.
2. **Initial** ___ Not leaving Utah County without the permission of UCAP staff.
3. **Initial** ___ Not leaving the State of Utah without the permission of UCAP staff.
4. **Initial** ___ Not violate any federal, state, county or municipal laws, or be convicted of violating any of those laws, and to notify UCAP within 72 hours of any arrest, citation, charge or conviction for an alleged violation of law.
5. **Initial** ___ To keep UCAP notified at all times, in writing, of my current residential address and phone number, and to notify UCAP and the court within 24 hours of a change in my address or phone number.
6. **Initial** ___ To timely appear for all hearings the Court or UCAP schedules for my case whether notice be given in person, by mail, summons, warrant of arrest or phone call to my telephone number. To testify under oath regarding my compliance or violation of the terms of this Agreement.
7. **Initial** ___ If I am prescribed any medication during the term of this agreement, I will adhere to the UCAP Handbook requirements for "Healthcare Providers Issuing Prescriptions", located on page ____.
8. **Initial** ___ I agree to take all prescribed medications as directed by the medical professional who prescribed the medication.
9. **Initial** ___ I agree to not fill or take any prescription or medication until I have obtained approval from UCAP (excepting for urgent and life-threatening injuries or illnesses).
10. **Initial** ___ To completely abstain from using any alcohol or non-prescribed controlled substances; to not frequent places where alcohol is the chief item of sale.
11. **Initial** ___ To timely obtain all substance abuse, mental health or other evaluations as directed.

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12. **Initial ____** To enter into and successfully complete all treatment and other classes recommended by UCAP and/or my substance abuse and/or mental health evaluation(s). To timely pay for any treatment not funded by Utah County.
13. **Initial ____** To submit to random drug and alcohol testing at the times, frequencies and locations directed by UCAP and/or my treatment provider. To timely pay for all drug and alcohol testing not funded by UCAP.
14. **Initial ____** If applicable, to pay any restitution ordered by the Court at a rate and frequency directed by the Court.
15. **Initial ____** To pay all UCAP fees as directed by the Court.
16. **Initial ____** To obtain and/or maintain full-time employment and/or schooling unless UCAP permits an exception for necessary dependent care or for the defendant's disability.
17. **Initial ____** To complete all educational requirements as directed by the Court or UCAP.
18. **Initial ____** To permit visits by UCAP to my place of residence, my place of employment or elsewhere to ensure compliance with the conditions of this Agreement. I will not interfere with this requirement by having vicious dogs, perimeter security doors, refusing to open the door, etc.
19. **Initial ____** To abide by a curfew as determined by UCAP.
20. **Initial ____** To submit to mobile device electronic monitoring and/or case management services as directed by UCAP, and to pay the associated fees.
21. **Initial ____** To abide by the rules of the Utah County Sheriff's GPS Program, if UCAP determines an ankle monitor is needed.

By signing this agreement, I understand if I violate any of the above terms and conditions, I may be terminated from the UCAP Program, the Court may revoke my Plea in Abeyance Agreement, a judgment of conviction may be entered on the charge(s) to which I pleaded guilty, and a sentence imposed which may include jail time.

Applicant Signature Date _____

UCAP Staff Signature Date _____