

IN THE DISTRICT COURT IN AND FOR HARPER COUNTY
STATE OF OKLAHOMA

DEFENDANT: PATRICK B. ROTH
CASE NUMBER: CM-2016-2
DATE: 11-21-16
MAILING ADDRESS: P.O. BOX 33
BUFFALO, OK 73834

FILED
RECORDED BY
SCANNING
HARPER COUNTY, OKLAHOMA

NOV 21 2016

RAE-JEAN D. BURKE
COURT CLERK

MISDEMEANOR RULES AND CONDITIONS OF PROBATION
THROUGH DISTRICT ATTORNEY'S OFFICE

I

- Pb 1. I WILL REMAIN UNDER SUPERVISED PROBATION BY AND THROUGH THE DISTRICT ATTORNEY'S OFFICE UNTIL I SERVE THE FULL TERM OF MY PROBATIONS OR UNTIL I AM RELEASED BY THE COURT OR BY A PARDON FROM THE GOVERNOR OF THE STATE OF OKLAHOMA.
- Pb 2. I AGREE TO PAY A MONTHLY PROBATION FEE OF \$40.00 (NO PERSONAL CHECKS) PER MONTH TO THE DISTRICT ATTORNEY'S OFFICE AT BUFFALO, OKLAHOMA ON OR BEFORE THE FIRST DAY OF EACH MONTH DURING MY PROBATION TERM, WITH THE FIRST PAYMENT TO BE MADE ON OR BEFORE THE FIRST DAY OF JAN 1, 2017.
- Pb 3. I AGREE TO SUBMIT A WRITTEN MONTHLY PROBATION REPORT TO THE DISTRICT ATTORNEY'S OFFICE AT BUFFALO, OKLAHOMA ON OR BEFORE THE FIRST DAY OF EVERY MONTH DURING THE TERM OF MY PROBATION WITH THE FIRST REPORT TO BE SUBMITTED ON OR BEFORE THE FIRST DAY OF JAN 1, 2017.
- Pb 4. I WILL NOT CHANGE MY ADDRESS WITHOUT FIRST NOTIFYING THE DISTRICT ATTORNEY'S OFFICE.
- Pb 5. I WILL NOTIFY THE DISTRICT ATTORNEY'S OFFICE WITHIN 48 HOURS OF ANY CHANGE IN MY EMPLOYMENT.
- PK 6. I WILL NOT BE IN COMMUNICATION WITH NOR ASSOCIATE WITH ANY PERSON HAVING A CRIMINAL BACKGROUND OR QUESTIONABLE REPUTATION.
- Pb 7. I WILL NOT VIOLATE ANY CITY, STATE OR FEDERAL LAW.
- Pb 8. I AGREE TO NOTIFY THE DISTRICT ATTORNEY'S OFFICE OF ANY CONTACT WITH LAW ENFORCEMENT WITHIN TWENTY-FOUR (24) HOURS (OR THE NEXT BUSINESS DAY IF SUCH CONTACT OCCURS ON A WEEKEND OR HOLIDAY) OF ANY SUCH CONTACT BY TELEPHONE OR IN PERSON AT THE DISTRICT ATTORNEY'S OFFICE.
- Pb 9. I WILL NOT HAVE IN MY POSSESSION NOR USE ALCOHOLIC OR INTOXICATING BEVERAGES OR NARCOTICS OF ANY KIND AND I WILL NOT GO INTO, REMAIN ABOUT, OR FREQUENT PLACES WHERE THEY ARE DISPENSED. I WILL FREELY COOPERATE AND VOLUNTARILY SUBMIT TO MEDICAL AND CHEMICAL TESTS AND EXAMINATIONS FOR THE PURPOSE OF DETERMINING WHETHER OR NOT I AM UNDER THE INFLUENCE OF ALCOHOL OR NARCOTICS AND WILL PARTICIPATE IN A TREATMENT PROGRAM WHEN ORDERED BY THE COURT PURSUANT TO #15 HEREIN.

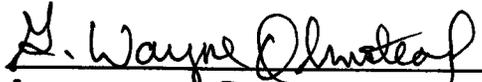
- DD 10. I WILL NOT MISREPRESENT ANY TRUTH NOR PERPETUATE ANY FALSEHOOD TO ANY BRANCH OF THE GOVERNMENT OR A REPRESENTATIVE THEREOF.
- Pa 11. I WILL SUPPORT MYSELF AND ANY DEPENDANTS WITHOUT PUBLIC ASSISTANCE AS LONG AS I AM PHYSICALLY ABLE TO DO SO.
- Ph 12. I WILL NOT INCUR ANY DEBTS OR LIABILITIES BEYOND MY EARNING CAPACITY.
- Ph 13. I AGREE TO PAY ALL COURT COSTS, FINES, MISCELLANEOUS COSTS, AND ANY OTHER ACCRUING COSTS IN THIS CASE.
- Ph 14. SUBJECT TO COURT ORDER, I AGREE TO PAY AS A PORTION OF MY COSTS HEREIN, IF APPLICABLE, \$35.00 PER DAY AS DETERMINED BY THE SHERIFF OF HARPER COUNTY, OKLAHOMA, FOR FOOD AND LODGING WHILE IN THE CUSTODY OF THE SAID SHERIFF BEFORE AND/OR AFTER CONVICTION HEREIN. ADDITIONALLY, I AGREE TO REIMBURSE SAID FACILITY FOR ACTUAL AMOUNT EXPENDED ON MY BEHALF FOR MEDICAL, DENTAL AND/OR PSYCHIATRIC SERVICES, IF ANY, RENDERED TO ME WHILE I AM INCARCERATED.

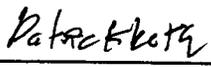
SPECIAL CONDITIONS:

- 15. I WILL SUBMIT MYSELF FOR AN ADSAC EVALUATION WITHIN _____ DAYS FROM TODAY/RELEASE OF JAIL ~~AND WILL COMPLETE ALL TREATMENT AS RECOMMENDED BY THE FACILITY, FOR THE PROBATED TERM OF ANY SENTENCE, UNLESS SOONER RELEASED BY THE DIRECTOR OF SAID FACILITY. I FURTHER UNDERSTAND I AM RESPONSIBLE FOR PAYMENT OF SERVICES RENDERED BY SAID FACILITY AND I AGREE TO PAY FOR SUCH SERVICES AS DETERMINED WITH IN MY ABILITY TO DO SO BY THE DIRECTOR OF THE FACILITY.~~
- 16. ~~I WILL ENROLL IN THE "YOUTH OFFENDER PROGRAM" WITHIN _____ DAYS FROM TODAY, AND I WILL ATTEND AND SUCCESSFULLY COMPLETE ALL PHASES AND REQUIREMENTS OF SAID PROGRAM, AND I WILL PAY FOR ALL SERVICES RENDERED BY SAID FACILITY.~~
- 17. ~~I WILL SATISFACTORILY PERFORM AND COMPLETE _____ HOURS OF COMMUNITY SERVICE TO _____, NO LATER THAN 5:00 P.M. ON THE _____ DAY OF _____, 20 _____. I WILL REPORT IN THE DISTRICT ATTORNEYS OFFICE WITHIN _____ DAY OF TODAY/RELEASE FROM JAIL.~~
- 18. ~~I WILL ATTEND ONE VICTIMS' IMPACT PANEL MEETING WITHIN SIX MONTHS FROM THIS DATE.~~
- 19. ~~I WILL PAY RESTITUTION THROUGH THE DISTRICT ATTORNEY'S OFFICE AS FOLLOWS:~~

- 20. ~~I WILL SUCCESSFULLY COMPLETE AN ANGER MANAGEMENT PROGRAM.~~
- 21. _____

I HAVE READ AND UNDERSTAND THESE RULES AND CONDITIONS OF PROBATION, AND IN CONSIDERATION OF THE SUPERVISED PROBATION GRANTED TO ME BY THE JUDGE OF THIS COURT, I AGREE TO ABIDE BY SUCH RULES AND CONDITIONS OF PROBATION. I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT THE CONTINUANCE OF MY PROBATION DEPENDS ENTIRELY ON MY OBEDIENCE AND COMPLIANCE TO THE ABOVE RULES AND CONDITIONS OF PROBATION, AND IN THE EVENT OF MY FAILURE OR REFUSAL TO PERFORM AND COMPLY WITH THESE RULES AND CONDITIONS OR PROBATION THAT MY PROBATION MAY BE REVOKED BY THE COURT AND THAT I MAY BE SENTENCED SUCH FINES AND/OR IMPRISONMENT IN THE COUNTY JAIL AS THE COURT MAY DETERMINE WITHIN THE FULL RANGE OF PUNISHMENT AS PROVIDED BY LAW FOR THE OFFENSE(S) TO WHICH I HAVE PLEAD.


**ATTORNEY FOR DEFENDANT
(WAIVED ATTORNEY)**


PROBATIONER – DEFENDANT

NOTICE TO DEFENDANT:

YOU ARE TO HAVE YOUR COPY OF THESE RULES AND CONDITIONS OF PROBATION WITH YOU WHEN YOU FIRST MAKE CONTACT WITH THE NEXT STEP NETWORK OR AN EQUIVALENT FACILITY REFERENCED IN PARAGRAPH #15 ABOVE IN ORDER THAT THE FACILITY CAN MAKE A PHOTOCOPY OF THE RULES & CONDITIONS OF PROBATION FOR THEIR FILE.

**SEND TREATMENT AND
COMMUNITY SERVICE
REPORTS TO:**

**ARIC A. ALLEY
ASSOCIATE DISTRICT JUDGE
P.O. Box 511
BUFFALO, OK 73834**

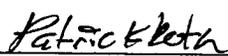
**SEND PAYMENTS FOR
FINES AND COSTS TO:**

**RAE-JEAN BURKE
COURT CLERK
P.O. Box 347
BUFFALO, OK 73834**

**SEND PROBATION REPORTS,
PROBATION FEES, AND
RESTITUTION PAYMENTS TO:**

**JAMES M. BORING
DISTRICT ATTORNEY
P.O. Box 437
BUFFALO, OK 73834**

I UNDERSTAND FAILURE TO COMPLY WITH ANY OF THE ABOVE IS A VIOLATION OF MY RULES AND CONDITIONS OF PROBATION AND SUBJECTS ME TO ARREST ON A WARRANT ORDERED BY THE COURT UPON THE STATE'S APPLICATION IF THE COURT DETERMINES SUFFICIENT INFORMATION EXISTS THAT I VIOLATED THESE RULES & CONDITIONS OF PROBATION. I FURTHER UNDERSTAND IF I VIOLATE ANY OF THE ABOVE RULES AND CONDITIONS MY DEFERRED/SUSPENDED SENTENCE WILL BE ACCELERATED/REVOKED.


PROBATIONER - DEFENDANT