



WASHOE COUNTY  
 Department of Alternative Sentencing  
 1530 E. 6<sup>th</sup> Street  
 Reno, NV 89512  
 (775) 785-4112  
 (775) 327-8381



## COURT CONDITIONS AND PROBATION REQUIREMENTS

Name: \_\_\_\_\_ Referring Agency: \_\_\_\_\_ Case # \_\_\_\_\_

### FINES AND FEES

- ✓ Court fines/fees in the amount of \_\_\_\_\_ are payable to the Court.
- ✓ Restitution in the amount of \_\_\_\_\_ has been ordered. This is to be paid to the District Attorney.
- ✓ Administrative Assessment fee. This is to be paid to DAS or Sober 24.
- ✓ Probation supervision fees. This is to be paid to DAS or Sober 24.
- ✓ Specialty Court fee. This fee is to be paid to DAS or Sober 24.
- ✓ Sober 24 fees. These fees are to be paid to DAS or Sober 24.

### PROBATION REQUIREMENTS

- ✓ Check in with DAS \_\_\_\_\_ time(s) every:  Day  Week on (M T W T F)  Month beginning \_\_\_\_\_.
- ✓ PBT at Sober 24 \_\_\_\_\_ time(s) every:  Day  Week on (M T W T F)  Month beginning \_\_\_\_\_.
- ✓ Call-ins at Sober 24 for random drug testing every day between the hours of 12:30 a.m. and 10:00 a.m.

### OTHER REQUIREMENTS

- ✓ Your probation officer is: \_\_\_\_\_.
- ✓ You may also contact \_\_\_\_\_ at \_\_\_\_\_ with any questions.
- ✓ You are required to complete \_\_\_\_\_ hours of community service by \_\_\_\_\_.
- ✓ You have been ordered to on electronic monitoring in the form of \_\_\_\_\_ by \_\_\_\_\_.
- ✓ You are required to complete an evaluation for \_\_\_\_\_ by \_\_\_\_\_.
- ✓ You are required to enroll in \_\_\_\_\_ by \_\_\_\_\_.
- ✓ You are required to complete \_\_\_\_\_ by \_\_\_\_\_.
- ✓ Other: \_\_\_\_\_.

Other I understand that failing to complete any of the above listed court conditions or probation requirements may result in a violation of my probation and possibly revocation of my suspended sentence or pretrial release.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date