

# Lyndhurst Municipal Court

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DOMINIC J. COLETTA  
JUDGE

JANET R. COLALUCA  
CLERK OF COURT

## **MANDATORY CONDITIONS OF PROBATION**

**CASE #** \_\_\_\_\_

1. I will abide by all federal, state, and local laws and ordinances. I will notify my probation officer immediately upon any new arrest or questioning from any law enforcement agency.
2. I will follow my Probation Officer's verbal and written instructions at all times and answer truthfully all questions. I will report to the probation department as scheduled and I will conduct myself appropriately at all times and maintain a respectful and cooperative manner.
3. I will report any changes of address, telephone number, or employment to the Probation Department immediately.
4. I will not leave the State of Ohio without permission of the Court or the Probation Department.
5. I agree to waive my Fourth Amendment rights to search and seizure by my Probation Officer. Any search may include my person, any electronic devices, vehicles, residences as well as any other property or area under my control at any given time and may be conducted by either my Probation Officer and/or any other law enforcement official if directed by my Probation Officer.
6. I will not purchase, possess, use, or have under my control, any alcoholic beverage. I also agree not to enter any bar, tavern, club, or establishment whose primary source of business is the sale of alcoholic beverages EXCEPT for work purposes.
7. I will not purchase, possess, use, or have under my control any narcotic drug or controlled substance including any instrument, device, or other object used to administer drugs or to prepare them for administration, unless it is lawfully prescribed for me by a licensed physician. I agree to inform my Probation Officer promptly of any such prescription. I agree not to abuse any over-the-counter medication and to inform my Probation Officer of any un-prescribed drugs. I will authorize a Release of Information to the Probation Department.
8. Upon request, I will submit to a random breath, urine, saliva, or blood test to detect the presence of alcohol or drugs in my body by any law enforcement agency. POSITIVE drug screens will result in the imposition testing fees.
9. I may not purchase, use, possess, carry, or have under my control any firearms, deadly weapons, or dangerous ordinances.
10. Within 30 days of instruction, I will obtain and carry on my person at all times, a valid photo identification issued by the State of Ohio, federal government or from the state where I reside. I will produce this identification upon request.
11. I will obtain and keep steady employment. If unemployed, I will show proof of job searching or enrollment with the unemployment office.

**OTHER MANDATORY CONDITIONS IF SPECIFIED**

- 12. I must pay fines and court costs in the amount of \$ \_\_\_\_\_ per month commencing \_\_\_\_\_ as directed by the Court until the total amount due of \$ \_\_\_\_\_ is paid in full.
  - I may complete \_\_\_\_\_ hours of Community Service in lieu of \$ \_\_\_\_\_ of fines.
  
- 13. I will pay restitution in the amount of \$ \_\_\_\_\_ per month commencing \_\_\_\_\_ until total amount due of \$ \_\_\_\_\_ is paid in full.
  
- 14. I will report to jail as follows:  
JAIL DATES \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM for \_\_\_\_\_ days.  
EMHA DATES \_\_\_\_\_ TIME \_\_\_\_\_ AM/PM for \_\_\_\_\_ days.
  - Avoid three (3) days of jail by completing DIP.
  
- 15. I will obtain a substance abuse and/or mental health assessment and complete treatment at: \_\_\_\_\_ . I will follow any treatment recommendations set forth by the treatment provider and provide my Probation Officer with routine progress reports. I will authorize a Release of Information to the Probation Department.
  
- 16. I will complete an Anger Management Program.
  
- 17. I will complete a Theft Class.
  
- 18. I will attend \_\_\_\_\_ AA/NA meetings per week with proof to Court.
  
- 19. I will have no contact directly or indirectly with the complaining witnesses, victim, and/or any other state witnesses in this case: \_\_\_\_\_
  
- 20. I have no driving privileges at this time. My driver's license is suspended from: \_\_\_\_\_ to \_\_\_\_\_
  
- 21. My next report date is on \_\_\_\_\_ at \_\_\_\_\_ AM/PM to meet with my Probation Officer for a review of compliance with these above conditions.

I understand that failure to comply with each of the above MANDATORY/SPECIFIED conditions, may result in my arrest for a probation violation. I shall then be subject to the full penalty of the original sentence. I hereby acknowledge that I have read or had read to me the conditions of my probation. I understand these conditions and by my signature, acknowledge that I have received a copy of them.

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation Officer's Signature

\_\_\_\_\_  
Date