



# LA PLATA COUNTY SHERIFF'S OFFICE

742 Turner Drive Durango, CO 81303 970-375-2342 FAX 970-375-2347

## Alternatives to Incarceration/Rules Sheet

I \_\_\_\_\_ understand that as of my release from custody on bond in La Plata County/District Court Case No. \_\_\_\_\_, I am now under a Court Order and directed to abide by but not limited to the following bond conditions until final disposition of my Court Case:

No possession or consumption of alcohol

Abide by Protection Order

No consumption or possession of Illicit Drugs

Other \_\_\_\_\_

I understand that upon receiving notification of a positive alcohol/drug test or any other violation of Court ordered Bond conditions, such is, at a minimum, is Probable Cause to believe that I have violated my bond condition pursuant to 18-8-212 C.R.S. and the La Plata County Pre-Trial Services Officers or their designee, a level I Peace Officer, may arrest me and I will be transported to the La Plata County Jail to be held under a new charge of Violation of Bond Conditions.

**I will cooperate and participate in all assigned supervision, treatment and other program components as instructed by the Alternatives to Incarceration (ATI) staff.**

**A licensed physician must prescribe any use of controlled substance, with prescription on file with the ATI. I further understand that I shall be subject to random alcohol or drug testing at any time or place when contacted by an officer. Marijuana can only be used if a current medical marijuana card is provided to this office.**

I understand that missing any required test will be a violation of my bond conditions. A dilute test is considered positive and will be reported to the Judge.

I will notify the case officer upon changing residence or employment. I will obtain permission from the case officer before leaving the State of Colorado or La Plata County for any period of time that would cause noncompliance with testing schedule.

I will allow the case officer to visit my home and place of employment. I understand that the case officer **will not notify** me prior to the visit.

I understand that my failure to comply with ATI rules may result in my arrest and return to jail.

I will call or make contact with my case officer ONCE PER WEEK.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Officer \_\_\_\_\_ Phone 970-382-\_\_\_\_\_