

YOUTH JUSTICE COURT – CONDITIONAL DISCHARGE - PROBATION

Young Person's Name: _____ Docket Number: _____

SENTENCE:

CONDITIONAL DISCHARGE I order that you be granted a discharge that is conditional upon you successfully completing a period of probation of _____ months/years with the following conditions:

PROBATION You have been placed on Probation for _____ months/years commencing on _____ with the following conditions:

CONDITIONS

- MANDATORY** A. YOU SHALL:
- (a) KEEP THE PEACE AND BE OF GOOD BEHAVIOUR;
 - (b) APPEAR BEFORE THE COURT WHEN REQUIRED TO DO SO BY THE COURT; AND
 - (c) NOTIFY THE COURT OR YOUR PROBATION OFFICER IN ADVANCE OF ANY CHANGE OF NAME, ADDRESS OR TELEPHONE NUMBER, AND PROMPTLY NOTIFY THE COURT OR YOUR PROBATION OFFICER OF ANY CHANGE OF EMPLOYMENT OR OCCUPATION, OR IF YOU GO BACK TO SCHOOL.
- REVIEW** B. YOU SHALL APPEAR BEFORE THE COURT FOR THE PURPOSES OF ANY REVIEW OF SENTENCE, THE FIRST APPEARANCE FOR REVIEW BEING ON _____ IN COURTROOM# _____ at _____ a.m./p.m.
- REPORT** C. YOU SHALL BE UNDER THE SUPERVISION OF A PROBATION OFFICER ASSIGNED TO YOU AND YOU SHALL REPORT TO THE PROBATION OFFICE FOR THE FIRST TIME NO LATER THAN _____, AND AFTER THAT YOU SHALL REPORT:
- (a) WEEKLY
 - (b) MONTHLY
 - (c) AS DIRECTED BY YOUR PROBATION OFFICER
 - (d) NOT LESS THAN ONCE PER MONTH, OR MORE OFTEN IF SO DIRECTED BY YOUR PROBATION OFFICER.
- RESIDE** D. YOU SHALL LIVE (a) WITH _____ (b) AT _____ (c) AT A PLACE THAT IS APPROVED BY YOUR PROBATION OFFICER (IN CONSULTATION WITH YOUR PARENT, GUARDIAN OR CHILD AND FAMILY SERVICES CASE WORKER OR DESIGNATE) AND YOU SHALL NOT CHANGE YOUR ADDRESS OR RESIDENCE WITHOUT PRIOR WRITTEN APPROVAL FROM YOUR PROBATION OFFICER BEFORE YOU MOVE.
- E. YOU CAN NOT LEAVE THE PROVINCE OF ALBERTA UNLESS YOU OBTAIN WRITTEN PERMISSION TO LEAVE FROM THE COURT OR YOUR PROBATION OFFICER BEFORE YOU GO.
- OBEY RULES** F. YOU SHALL OBEY ALL REASONABLE AND REASONABLY ENFORCED RULES OF THE HOUSEHOLD IN WHICH YOU LIVE, OR ALTERNATIVELY, YOU SHALL ABIDE BY ANY WRITTEN PROGRAM RULES OF ANY RESIDENTIAL PLACEMENT IN WHICH YOU MAY RESIDE AS DIRECTED BY YOUR PROBATION OFFICER.
- G. YOU SHALL OBEY ALL REASONABLE AND REASONABLY ENFORCED HOUSE RULES AS PROVIDED TO YOU IN WRITING BY YOUR PROBATION OFFICER IN CONSULTATION WITH YOU AND YOUR PARENT, GUARDIAN OR YOUR CHILD AND FAMILY SERVICES CASE WORKER OR DESIGNATE.
- SCHOOL** H. YOU SHALL ATTEND SCHOOL OR OTHER PLACE OF LEARNING EVERY SCHEDULED SCHOOL DAY, SUBJECT TO THE WRITTEN APPROVAL OF THE SCHOOL PRINCIPAL AND YOU SHALL NOT BE LATE OR ABSENT WITHOUT VALID REASON.
- OR**
- I. YOU SHALL ATTEND SCHOOL OR OTHER PLACE OF LEARNING AND REMAIN THERE, THROUGHOUT EACH SCHEDULED SCHOOL DAY, EXHIBIT APPROPRIATE BEHAVIOUR, ATTEND ALL SCHEDULED CLASSES AND COMPLETE ALL ASSIGNMENTS, INCLUDING HOMEWORK ASSIGNMENTS AND YOU SHALL NOT BE LATE OR ABSENT WITHOUT VALID REASON.
- OR**
- J. YOU SHALL PARTICIPATE IN A HOME SCHOOLING OR ACCREDITED WORK EXPERIENCE PROGRAM OR ANY OTHER EDUCATIONAL PLACEMENT APPROVED BY YOUR PROBATION OFFICER.

- SCHOOL COUNSELOR** K. YOU WILL MAKE AN APPOINTMENT WITH YOUR SCHOOL COUNSELOR OR PRINCIPAL ON OR BEFORE _____ AND DELIVER TO THEM A COPY OF THIS PROBATION ORDER AND ADVISE THE COUNSELOR OR PRINCIPAL OF THE NAME AND PHONE NUMBER OF YOUR PROBATION OFFICER.
- REPORT CARD** L. YOU WILL FILE WITH THE CLERK OF THE COURT TO THE ATTENTION OF JUDGE _____, A COPY OF YOUR NEXT REPORT CARD OR PROGRESS REPORT FROM YOUR EDUCATIONAL FACILITY.
- SCHOOL OR EMPLOYMENT** M. YOU SHALL EITHER ATTEND SCHOOL ON TIME FOR THE FULL DURATION OF EACH SCHEDULED SCHOOL DAY OR MAKE REASONABLE EFFORTS TO LOCATE AND MAINTAIN SUITABLE EMPLOYMENT; PROVIDED THAT WHILE YOU ARE UNDER THE FULL AGE OF 16, YOU SHALL ATTEND SCHOOL UNLESS EXEMPTED FROM DOING SO IN WRITING BY THE SCHOOL PRINCIPAL.
- EMPLOYMENT** N. YOU SHALL MAKE REASONABLE EFFORTS TO LOCATE AND MAINTAIN SUITABLE EMPLOYMENT AND REPORT THOSE EFFORTS TO YOUR PROBATION OFFICER AS MAY BE DIRECTED BY YOUR PROBATION OFFICER.
- COUNSELING** O. YOU SHALL ATTEND AND ACTIVELY PARTICIPATE IN SUCH PROGRAM OR ASSESSMENT, COUNSELING OR TREATMENT AS THE COURT IS NOW DIRECTING OR AS MAY BE DIRECTED BY YOUR PROBATION OFFICER FOR:
- (a) PSYCHIATRIC/PSYCHOLOGICAL COUNSELING;
 - (b) ALCOHOL/DRUG ABUSE ISSUES;
 - (c) ANGER MANAGEMENT ISSUES;
 - (d) LIFE SKILLS TRAINING;
 - (e) OTHER _____
- INCLUDING ANY RESIDENTIAL TREATMENT PROGRAMS AND PROVIDE SATISFACTORY WRITTEN PROOF OF ATTENDANCE & COMPLETION OF THE PROGRAM(S) TO YOUR PROBATION OFFICER BY THE DATE SPECIFIED BY YOUR PROBATION OFFICER.
- RELEASE** P. YOU SHALL SIGN A RELEASE OR WAIVER AS REQUESTED BY YOUR PROBATION OFFICER PERMITTING ACCESS TO INFORMATION TO ASSIST IN YOUR SUPERVISION.
- CURFEW** Q. DURING THE TERM OF THIS ORDER, YOU WILL BE INSIDE YOUR HOME AND PROPERTY LIMITS:
- (a) EVERY DAY FROM _____ P.M. UNTIL _____ A.M.
 - (b) EVERY SUNDAY THROUGH THURSDAY FROM _____ P.M. UNTIL _____ A.M.
 - (c) EVERY FRIDAY AND SATURDAY FROM _____ P.M. UNTIL _____ A.M. UNLESS YOU ARE WITH A PARENT, GUARDIAN OR OTHER ADULT PERSON WHO IS AUTHORIZED BY YOUR PARENT OR GUARDIAN TO BE WITH YOU OUTSIDE THE CURFEW HOURS.
 - (d) YOU MAY BE OUT LATER IF YOU ARE WITH _____ OR IF YOU HAVE A NOTE DATED AND SIGNED BY _____ STATING WHEN YOU ARE TO BE HOME.
- OR**
- R. DURING THE TERM OF THIS ORDER, YOU WILL FOLLOW THE CURFEW THAT WILL BE IMPOSED BY YOUR PROBATION OFFICER IN CONSULTATION WITH _____.
- OR**
- R. DURING THE TERM OF THIS ORDER, YOU WILL BE AT HOME FROM _____ P.M. UNTIL _____ A.M. ON SCHOOL NIGHTS AND FROM _____ P.M. UNTIL _____ A.M. ON NON-SCHOOL NIGHTS UNLESS YOU ARE WITH YOUR PARENT, GUARDIAN OR OTHER ADULT PERSON WHO IS AUTHORIZED BY YOUR PARENTS OR GUARDIAN TO BE WITH YOU OUTSIDE THE CURFEW HOURS.
- OR**
- S. YOU SHALL BE AT YOUR PLACE OF RESIDENCE 24 HOURS A DAY, 7 DAYS PER WEEK, UNLESS YOU ARE:
- (a) AT SCHOOL, YOUR PLACE OF EMPLOYMENT OR PROFESSIONAL APPOINTMENT, OR TRAVELLING DIRECTLY TO OR FROM SAME;
 - (b) ACCOMPANIED BY A PARENT OR PROBATION OFFICER OR OTHER ADULT PERSON APPROVED BY EITHER THE PARENT OR BY YOUR PROBATION OFFICER;
 - (c) IN POSSESSION OF A WRITTEN PERMISSION SIGNED BY A PARENT OR SIGNED BY _____;
 - (d) _____
- CURFEW ENFORCEMENT** T. DURING THE HOURS YOUR CURFEW IS IN EFFECT YOU WILL SPEAK WITH ANYONE WHO CALLS BY TELEPHONE OR ANYONE WHO ATTENDS IN PERSON AT YOUR RESIDENCE FOR THE PURPOSE OF SPEAKING WITH YOU WHO:
- (a) IDENTIFIES HERSELF OR HIMSELF BY NAME; AND
 - (b) WHO PURPORTS TO BE A PEACE OFFICER, PROBATION OFFICER OR A MEMBER OF THE LOCAL YOUTH JUSTICE COMMITTEE.

- NON-CONTACT** U. YOU SHALL NOT ATTEND WITHIN _____ CITY BLOCKS OR WITHIN _____ METERS OF PREMISES DESCRIBED AS _____, ALBERTA.
- V. YOU SHALL NOT ATTEND _____ LOCATED AT _____, ALBERTA
- W. YOU SHALL HAVE NO CONTACT/NOT ASSOCIATE PHYSICALLY OR VERBALLY, DIRECTLY OR INDIRECTLY OR COMMUNICATE IN ANY WAY WITH _____ OR ANY OTHER PERSON(S) NAMED IN WRITING BY YOUR PROBATION OFFICER * UNLESS THROUGH LEGAL COUNSEL AND EXCEPT AS MAY BE NECESSARY FOR THE PURPOSES OF SCHOOL.
- ALCOHOL** X. YOU SHALL NOT POSSESS OR DRINK ALCOHOL.
- DRUGS** Y. YOU SHALL NOT POSSESS OR USE ILLEGAL DRUGS.
- Z. YOU SHALL NOT INHALE INTOXICATING VAPOURS.

OR

- AA. YOU SHALL REFRAIN ABSOLUTELY FROM THE POSSESSION OR THE CONSUMPTION OF ANY INTOXICANTS INCLUDING, BUT NOT LIMITED TO: ALCOHOL AND/OR ALL STREET DRUGS, NON-PRESCRIPTION DRUGS OR PRESCRIPTION DRUGS WHICH HAVE NOT BEEN PRESCRIBED FOR AND TAKEN BY YOU IN ACCORDANCE WITH THE DIRECTIONS OF A QUALIFIED MEDICAL PROFESSIONAL.
- AB. YOU SHALL NOT ENTER OR BE FOUND IN ANY PREMISES WHOSE PRIMARY PURPOSE IS THE RETAIL SALES OF ALCOHOLIC BEVERAGES.
- BREATHALYZER** AC. UPON DEMAND OF A PEACE OFFICER WHO BELIEVES ON REASONABLE GROUNDS THAT YOU HAVE ALCOHOL OR NON-PRESCRIBED DRUGS IN YOUR BODY, YOU WILL PROVIDE SUCH SAMPLES OF YOUR BREATH OR URINE INTO A CONTAINER OR AN APPROVED INSTRUMENT OR SCREENING DEVICE AS ARE NECESSARY TO DETERMINE IF YOU HAVE ALCOHOL OR DRUGS IN YOUR BODY.
- FINE PAYMENT** AD. YOU SHALL PAY ALL YOUR OUTSTANDING FINES OR WORK THEM OFF ON THE FINE OPTION PROGRAM BY _____, 20____.
- MOTOR VEHICLE** AE. YOU SHALL NOT DRIVE OR BE IN ANY MOTOR VEHICLE UNLESS THE REGISTERED OWNER IS PRESENT, WITH THE EXCEPTION OF PUBLIC TRANSIT.
- WEAPONS** AF. YOU SHALL NOT POSSESS ANY FIREARMS, AMMUNITION OR EXPLOSIVE SUBSTANCES OR ANYTHING THAT IS DESIGNED FOR USE AS A WEAPON OR INTENDED FOR USE AS A WEAPON.
- RESTRICTION CELL PHONE** AG. YOU SHALL NOT CARRY ON YOUR PERSON ANY ELECTRONIC COMMUNICATION DEVICES SUCH AS CELLULAR TELEPHONES OR PAGERS UNLESS AUTHORIZED TO DO SO IN WRITING BY YOUR PROBATION OFFICER.
- ASSESSMENT** AH. YOU SHALL ATTEND FOR A:
(a) LEARNING DISABILITY ASSESSMENT;
(b) PSYCHO-EDUCATIONAL ASSESSMENT;
(c) ANGER MANAGEMENT ASSESSMENT;
(d) FASD ASSESSMENT;
(e) PSYCHIATRIC ASSESSMENT;
(f) _____.

SUCH ASSESSMENT IS TO BE PERFORMED BY _____ AS DIRECTED BY YOUR PROBATION OFFICER OR BY SUCH OTHER PROFESSIONAL AS DIRECTED BY YOUR PROBATION OFFICER WITHIN _____ MONTHS.

- OTHER** AI. _____

DOES NOT FORM PART OF THE PROBATION ORDER

- COMPENSATION** YOU WILL PAY COMPENSATION IN THE SUM OF \$ _____ TO BE PAID TO THE CLERK OF THE COURT FOR THE COMPLAINANT ON OR BEFORE THE _____ DAY OF _____, 20____.
- COMMUNITY SERVICE** YOU WILL DO _____ HOURS OF COMMUNITY SERVICE WORK TO BE COMPLETED BY _____, AT WHATEVER PLACE YOUR PROBATION OFFICER DIRECTS AND YOU SHALL GIVE WRITTEN PROOF OF COMPLETION OF THESE HOURS FROM EACH PLACEMENT TO YOUR PROBATION OFFICER BY _____.