

**PAROLE AGREEMENT**

I, \_\_\_\_\_ understand that I have been placed on parole by the Community Services Section of the Mississippi Department of Human Services, Division of Youth Services under the supervision of the \_\_\_\_\_ County Youth Services Counselor. While on parole, I will live with \_\_\_\_\_, my parent, guardian or custodian at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(physical address)

I understand that I must:

1. \_\_\_\_\_ Meet and cooperate fully with my Youth Services Counselor, \_\_\_\_\_ within 48 hours not including weekends and holidays, following my release from the Oakley Youth Development Center Campus. The first scheduled appointment is:  

_____ Date of Appointment	_____ Time	_____ Place of Appointment
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2. \_\_\_\_\_ Come to meetings with the Youth Services Counselor, court staff, or appointed volunteers as part of parole.
3. \_\_\_\_\_ Obey the rules of my parents, custodians or guardians. Make sure that my parents or guardians know where I am at all times and have their permission to leave home. If I am placed on house arrest, my Youth Services Counselor will explain the rules for that program at that time.
4. \_\_\_\_\_ Follow curfew and be home and stay there. Sunday through Thursday nights from \_\_\_\_\_ p.m. until \_\_\_\_\_ a.m. and Friday and Saturday nights from \_\_\_\_\_ p.m. until \_\_\_\_\_ a.m.
5. \_\_\_\_\_ Notify my Youth Services Counselor within twenty-four hours of any change in phone number, address, residence or school.
6. \_\_\_\_\_ Not leave the State without the permission of the Youth Services Counselor.
7. \_\_\_\_\_ Attend school every day while school is in session, unless I have an excuse accepted by the school district. If I am suspended or expelled, I must attend an educational program approved by the Mississippi Department of Education or an alternative program approved by the court. I understand that I must follow all rules of the school.

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8. \_\_\_\_ \_\_\_\_ Not use any alcohol or drugs, except those that a doctor or dentist prescribes for me.
9. \_\_\_\_ \_\_\_\_ Give a urine sample to test for drugs and alcohol whenever asked to do so as part of parole.
10. \_\_\_\_ \_\_\_\_ Not break any laws.
11. \_\_\_\_ \_\_\_\_ Stay away from the following places: \_\_\_\_\_  
\_\_\_\_\_
12. \_\_\_\_ \_\_\_\_ Not carry any guns, knives, or other weapons.
13. \_\_\_\_ \_\_\_\_ Obey the following rules and/or restrictions placed on me by the Court:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REVOCATION AND CONTEMPT:**

If I do not follow the rules of my parole agreement, I may be brought back to the Court. I can be charged with violating the conditions of my parole and face possible revocation of my parole or be charged with Contempt of Court. I understand that I can challenge a Revocation of Parole or Contempt of Court charge and that during that challenge, I have the right to be represented by an attorney.

I agree that I have read, or have had read and explained to me the rules of my parole. I understand if I do not follow the rules, my parole may be extended past six months, or further actions may be recommended to the Court.

Student: \_\_\_\_\_  
 Witness: \_\_\_\_\_  
 Date: \_\_\_\_\_

We, the parent, guardian or custodian of the above named child have read or someone has read to us the above agreement and we agree to cooperate with the Counselor and our child in carrying out the rules of parole.

Parents: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 This is to acknowledge that the conditions as stated above have been completed.  
 \_\_\_\_\_ is released from Parole status.

\_\_\_\_\_  
 Youth Services Counselor  
 MDHS Division of Youth Services

\_\_\_\_\_  
 Date: