

PAROLE AGREEMENT

I, _____, understand that I am being granted parole by the authority of the MDHS Division of Youth Services under the supervision of the _____ County Community Services Office of Youth Services Counselor. My place of residence will be:

Name: _____

Address: _____

I agree that I will fully comply with the following conditions:

- (1) I will report to my Counselor within 48 hours, following my release from _____ Campus. I understand that all appointments must be kept with my Counselor.
- (2) I understand that I must always obtain permission from my parent, guardian or custodian for any absence from home. They are accountable to the Court for me at all times.
- (3) I will attend school or a training program and/or maintain acceptable employment as approved by my Counselor.
- (4) I will not change or permanently leave my residence, employment and/ or school or leave the county of my residence without the consent of my Counselor.
- (5) My curfew on school nights (Sunday through Thursday) is _____ p.m. My curfew on weekends (Friday through Saturday) is _____ p.m.
- (6) I will not violate the laws of the City, County, or State.
- (7) I understand that the following places are off limits: _____
- (8) I understand that my Counselor will have the authority to restrict my associations with certain people, including any juvenile or adult offender.
- (9) Additional conditions of parole: _____

(A) The child shall participate in and successfully complete the _____ County Adolescent Offenders Program and shall obey the rules and regulations of said program.

I hereby certify that I have read or have had read to me the above statement and understand that I am being placed on parole status by the Mississippi Department of Youth Services. I understand that if I do not satisfactorily comply with the above conditions, my parole may be extended past six months, or that further actions by the Court may be recommended.

Student: _____

Witness: _____

Date: _____

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