



Carson City Department of

**Alternative Sentencing**

885 E. Musser St., Suite 2080, Carson City, Nevada 89701 • PHONE: 775.887.2528 • FAX: 775.887.2302 • EMAIL: DAS@CARSON.ORG

**MARLINA STONE**  
Chief

## **PRE-TRIAL SUPERVISION GUIDELINES**

**Honesty is required at all times.**

**Case Number:** \_\_\_\_\_

**You have been placed on Pre-Trial supervision. Conditions can be amended at any time.**

**I agree to appear and comply with both the standard and special conditions of my supervision** that have been ordered by the courts. I also agree that a court of competent jurisdiction can revoke my release due to non-compliance, re-arrest, and/or failure to appear; and order my return to custody. In the event of revocation, if I am taken into custody in another county or state, I agree to waive extradition to the State of Nevada and pay all costs related to it. Further, I authorize the Department of Alternative Sentencing to contact and share information with city, state, county, and federal representatives as it pertains to my case and compliance. You are expected to comply with and satisfy all court conditions assigned to you on any open cases with the Carson City Justice and District Courts. Any open/active previous court cases are applicable to violation reports or a warrant for arrest while on Pre-Trial supervision.

**You are required to provide a current home address and phone number.** You are also required to sleep at the provided address every night unless a DAS Officer has given you permission to stay elsewhere. Failure to update your address or phone number may result in a warrant for your arrest. **You must call our office or appear in person** during business hours (8:30am - 4:30pm) with the new information, to ensure the information has been updated in your file. You must have a working phone number, and a voicemail set up and available to leave a voice message, failure to do so may result in a violation or warrant request if Alternative Sentencing is unable to contact you regarding updated court conditions or any non-compliance with your court conditions.

If you need to leave the state or would like to stay at another location other than your listed address you are required to report to the DAS office in person and complete a Travel Request form. Travel Request forms are in the hallway. Permission to leave the state or stay at another location is at the discretion of a DAS Officer and/or case Manager. Additional requirements may apply.

If drug and alcohol testing is a condition of your probation, be prepared to give the necessary sample for testing (i.e. urine or breath). You are required to provide a urine sample within 45 minutes of an Officers request. **Failure to provide the required sample is a violation of your conditions and will be considered a refusal.**

As it may pertain to your court conditions you are **NOT** to Consume or Possess Alcohol, Drugs or Drug Paraphernalia while on this level of supervision. A \$30.00 annual drug testing fee will be charged to those with search & seizure condition. You are **NOT** allowed to take narcotic or addictive medication, unless approved by Alternative Sentencing and a medical necessity letter is on file with the prescribed medication. Creatine, pre-workout, energy drinks, mouthwash, and nonalcoholic products (beers, wine, etc.) are not allowed. "Spice" or any synthetic cannabinoids and bath salts (kratom, cathinone's, mephedrone, MDPV) are not allowed. Do not consume items containing poppy seeds. CBD products with THC and homeopathic products are not allowed. **Use of Marijuana and/or Medical Marijuana is NOT allowed at any time unless a Judge has given permission.**

**When ordered to report by any DAS officer and/or case Manager, you are required to report in person to the DAS office at the time/date you were ordered to report.** Failure to report may result in a warrant and/or arrest.

All conditions of Pre-Trial Supervision have been explained to you. **Ignorance is not an excuse.** If you are unclear of a condition, ask a DAS Officer or case Manager to explain.

I understand that my records are protected under Federal regulations governing Confidentiality of Alcohol/Drug abuse patient records, 42 CFR, Part 2 & 45, CFR Parts 160-165, and cannot be disclosed without my written consent and I hereby waive this right.

**I have read and understand the above guidelines.**

Defendant Name: \_\_\_\_\_

Defendant Signature: \_\_\_\_\_

Defendant Email: \_\_\_\_\_

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

Case Manager: \_\_\_\_\_

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