

IN AND FOR THE COUNTY OF MOHAVE

FEB 1 2024

IN THE MATTER OF: )
ADOPTING ADDITIONAL SPECIAL )
CONDITIONS OF SUPERVISED OR )
UNSUPERVISED PROBATION IN MOHAVE )
COUNTY )

CHRISTINA SPURLOCK
CLERK SUPERIOR COURT
BY: DEPUTY

ADMINISTRATIVE ORDER
2024-07

WHEREAS, the Presiding Judge of the Superior Court of Arizona in Mohave County exercises administrative supervision over the Judicial Branch of Government in Mohave County;

WHEREAS, pursuant to A.R.S. § 13-901(A), When granting probation the court may impose such terms or conditions as the law requires and the court deems appropriate.

WHEREAS, pursuant to the Arizona Code of Judicial Administration Part 6: Probation, Chapter 2: Adult Services, Section 6-207: Uniform Conditions of Supervised Probation authorizes the sentencing judge to impose additional requirements as a condition of probation.

IT IS ORDERED adopting the Mohave County Special Conditions of Probation, the Sex Offender Additional Special Conditions of Probation, and the Conditions of Intensive Probation to be imposed as appropriate in conjunction with the Uniform Conditions of Supervised Probation imposed on all offenders placed on supervised probation within the criminal division in Mohave County. Further, that the Mohave County Conditions of Unsupervised Probation be adopted for imposition in cases the court deems appropriate.

DATED this 1st day of February 2024.

[Handwritten signature]

Honorable Steven C. Moss, Presiding Judge
Mohave County Superior Court

Original filed with the Clerk of Superior Court in Mohave County

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF MOHAVE**

**THE STATE OF ARIZONA,  
Plaintiff,**

**CR: \_\_\_\_\_**

**vs.**

**SPECIAL CONDITIONS OF PROBATION**

\_\_\_\_\_,  
**Defendant.**

1. I will comply with the following Project SAFE sanctions based on my behavior:
  - a. I will complete up to 200 hours of community restitution service as directed by the APD.
  - b. I will serve up to 90 days in the county jail at the discretion of the Court, upon recommendation from the APD.
2.  Upon successful completion of probation, the offense shall be designated a Class 1 Misdemeanor.
3.  I will obtain a GED within \_\_\_\_\_ months / years.
4.  I will have no contact with \_\_\_\_\_ without consent of such person.
5.  I will clear any outstanding warrants no later than \_\_\_\_\_.
6.  I will not knowingly reside in any location where a firearm is present.
7.  I will not possess any alcoholic beverage or enter any place where alcoholic beverages are sold except for eating, working or grocery shopping.
8.  I will attend a MADD Impact Panel by \_\_\_\_\_.
9.  Ordered designating the underlying offense of \_\_\_\_\_ a Class 6 Felony.  
 Ordered designating the underlying offense of \_\_\_\_\_ a Class 6 Felony.  
 Ordered designating the underlying offense of \_\_\_\_\_ a Class 6 Felony.
10.  \_\_\_\_\_  
\_\_\_\_\_
11.  \_\_\_\_\_  
\_\_\_\_\_
12.  \_\_\_\_\_  
\_\_\_\_\_
13.  \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Judge of Superior Court

Receipt and acknowledgment – I hereby acknowledge receipt of a copy of the foregoing conditions of probation. I understand that if I violate any condition of probation, the Court may revoke and terminate my probation and impose a maximum sentence on me in accordance with the law.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Defendant

cc: County Attorney, Defense Attorney, Probation, Defendant

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF MOHAVE**

STATE OF ARIZONA,  
Plaintiff,  
VS.

CR: \_\_\_\_\_

**ADDITIONAL SPECIAL CONDITIONS  
OF PROBATION – SEX OFFENDER**

\_\_\_\_\_  
Defendant.

**PURSUANT TO CONDITION #15 OF THE UNIFORM CONDITIONS OF SUPERVISED PROBATION, I  
AGREE TO THE FOLLOWING ADDITIONAL SEX OFFENDER SPECIAL CONDITIONS OF  
PROBATION:**

1. I will not initiate, establish or maintain contact with any male or female child under the age of 18, or attempt to do so, without the prior written approval of the probation officer, as may be amended. Sign and abide by the Probation Department definition of “no contact”.
2. I will not reside with any child under the age of 18 or contact my children in any manner, without the prior written approval of the Court or the APD.
3. I will not enter onto the premises, travel past, or loiter near where the victim resides without prior written approval of the APD. I will not correspond, have telephone contact or communicate with the victim through a third party.
4. I will not go to or loiter near places primarily used by children under the age of 18 such as, but not limited to, schools, school yards, parks, playgrounds, arcades, swimming pools, parades, carnivals, circuses, etc., without the prior written approval of the APD.
5. I will not knowingly date or socialize with any person who has children under the age of 18 without prior written approval of the APD.
6. I will attend, actively participate, and successfully complete sex offender treatment and remain in such treatment at the direction of the APD.
7. I will submit to any program of psychological, physiological, or ongoing risk assessment at the direction of the APD, including, but not limited to the polygraph, to assist in treatment, planning, and monitoring.
8. I will register as a sex offender with the Sheriff of the county in which I reside within 10 days of sentencing, and within 72 hours of changing my name or place of residence and comply with all MVD identification requirements pursuant to A.R.S. §13-3821 and §13-3822. Further, register all online identifiers pursuant to §13-3822(C) during initial registration and then within 72 hours of any changes or before the use of any new online identifier.

9. I will abide by any curfew imposed by the APD.
10. I will not possess, or in any way attempt to obtain by telephone or any other instrument, any sexually stimulating or sexually oriented material in any form as deemed inappropriate by treatment staff or the APD, or patronize any adults-only establishment where material is available.
11. I will not possess, use, or have personal access to any computer, electronic gaming system, cellular telephone or similar equipment that has internet capability without prior written permission of the APD.
12. I will have any electronic device with internet capability the APD has given me written permission to access, possess or use monitored by RemoteCom at my full expense. I will not access or create social media accounts on platforms such as TikTok, Twitter, Facebook, Instagram, Snapchat, YouTube, dating websites or any other networking or sharing platforms.

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**Date**

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**Judge of the Superior Court**

**RECEIPT AND ACKNOWLEDGMENT OF ADDITIONAL TERMS AND CONDITIONS OF PROBATION.**

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**Date**

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**Defendant**

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF MOHAVE**

STATE OF ARIZONA  
VS.

MOHAVE COUNTY / DIVISION: \_\_\_\_\_

CASE / CR: \_\_\_\_\_

\_\_\_\_\_

**CONDITIONS OF INTENSIVE PROBATION**

**PURSUANT TO CONDITION #15 OF THE UNIFORM CONDITIONS OF SUPERVISED PROBATION, I AGREE TO THE FOLLOWING CONDITIONS OF INTENSIVE PROBATION:**

1. I will maintain employment or full-time student status, or a combination of employment and student status, making progress deemed satisfactory to the APD, or be involved in supervised job searches and community restitution work at least six days a week while under Intensive Probation Supervision.
2. I will pay all court ordered restitution, fines and fees and provide verifiable proof of income and receipts for court ordered payments to the APD.
3. I will abide by a curfew established by the APD.
4. I will complete a weekly schedule as required by the APD.
5. I will comply with the following additional conditions imposed by the Court:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RECEIPT AND ACKNOWLEDGMENT:** *I acknowledge receipt of the conditions of intensive probation. I understand and will comply with the conditions. I understand that a violation of any condition could result in the revocation of my probation and the court may impose sentence upon me in accordance with the law.*

\_\_\_\_\_  
Defendant Date

\_\_\_\_\_  
Judge of the Superior Court Date

**IN THE SUPERIOR COURT OF THE STATE OF ARIZONA  
IN AND FOR THE COUNTY OF MOHAVE**

**THE STATE OF ARIZONA,  
Plaintiff,**

**CR: \_\_\_\_\_**

**vs.**

**ORDER SUSPENDING SENTENCE  
AND IMPOSING CONDITIONS OF  
UNSUPERVISED PROBATION**

\_\_\_\_\_,  
**Defendant.**

**IT IS THE JUDGMENT OF THE COURT** that the Defendant is guilty of: \_\_\_\_\_

\_\_\_\_\_ ,  
a Class \_\_\_\_\_ Misdemeanor/Felony/Undesignated offense committed on or about the \_\_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_\_, in violation of A.R.S. § \_\_\_\_\_.

**IT IS ORDERED** suspending imposition of sentence and placing the defendant on Unsupervised Probation, under the indirect supervision of the Adult Probation Department (APD), for a period of \_\_\_\_\_ months/years from this date and imposing the conditions of unsupervised probation, including any additional conditions checked.

**CONDITIONS OF UNSUPERVISED PROBATION:**

1. I will not violate any law.
2. I will report to the APD immediately after this hearing, but no later than the next business day and report my current address, phone number, employment/student information, be photographed and submit a DNA sample if required.
3. I will pay a monthly probation fee pursuant to A.R.S §13-901 in the amount of \$75.00 for every month on unsupervised probation.

**ADDITIONAL CONDITIONS OF UNSUPERVISED PROBATION:**

4.  I will not drink alcoholic beverages at any time.
5.  I will not consume alcohol to the point you are under the influence of alcohol and/or have a blood alcohol content of .08% or more by weight.
6.  Undergo alcohol/drug/domestic violence screening within 90 days from today; comply with any treatment recommended by the agency; and have the agency provide the Court and APD with written proof of compliance.
7.  I will serve \_\_\_\_\_ days/months in the Mohave County Jail; with credit for \_\_\_\_\_ days previously served; jail time is to commence by no later than: \_\_\_\_\_. The Defendant is eligible for:
  - work release; OR  2 for 1 credit, but not both;
  - community work service release program, if approved by the APD;
  - time can be served on weekends;
  - jail time can be served in another facility (or substation of the Mohave County Jail), if approved by the APD and fees paid by the Defendant in advance of incarceration.
  - \_\_\_\_\_.

8.  I will pay a total fine in the amount of \$ \_\_\_\_\_, which equals \$ \_\_\_\_\_, plus a statutory Surcharge of \$ \_\_\_\_\_.

9.  I will pay restitution, as set forth in the Pre-Sentence Investigation Report, in the amount of \$\_\_\_\_\_.
10.  I will pay an Indigent Administration Assessment Fee of \$25.00.
11.  I will pay \$20.00 to the Judicial Collection Enhancement Fund, pursuant to A.R.S. § 12-116.
12.  In addition to Condition 3, payments in the above-referenced amounts (Additional Conditions 8 through 11 if checked) shall be made through the Mohave County Clerk of Superior Court at the rate of \$ \_\_\_\_\_ per month, beginning on \_\_\_\_\_, and payments continuing on the first day of each month until paid in full. All court-ordered monies are to be paid in full at least 60 days prior to the end of your probation.
13.  I will complete \_\_\_\_\_ hours of community work service by \_\_\_\_\_ from this date, and provide written proof of completion to the Court and APD.
14.  I will not possess or control any firearms.
15.  I will notify the Court and APD, in writing, within three days of any change of address during the period of probation.
16.  The Offense:  Will automatically be designated a Class 1 Misdemeanor upon the successful completion of unsupervised probation.  
 Will be designated a Class 6 Felony if the period of unsupervised probation is not completed successfully.
17.  Probation will terminate automatically upon the Defendant having complied in full with all of the checked items.
18.  ADDITIONAL SPECIAL CONDITIONS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Judge of the Superior Court

ACKNOWLEDGMENT – I hereby acknowledge that I fully understand the foregoing terms of probation and understand that if I violate any term, the Court may revoke my probation and impose the maximum sentence in accordance with the law. In addition, I waive extradition for any probation revocation proceedings in this matter.

\_\_\_\_\_  
DATED

DEFENDANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

cc: County Attorney: as assigned  
Defense Attorney: as Assigned  
Defendant  
Mohave County Jail  
Mohave County Probation Department  
Honorable \_\_\_\_\_, Division \_\_\_\_\_