| Code | Language | | | | | |
|-------|---|--|--|--|--|--|
| ACTP | Enter and successfully complete Anger Management Program. | | | | | |
| ALTP | Participate in an alcohol evaluation. Enter and successfully complete any course of treatment, including after and follow-up care determined to be necessary and as designated by the Evaluator or the Probation Officer. | | | | | |
| ANTA | Take Antabuse if medically able and directed by the Evaluator, Probation Officer or Treatment Provider and pay all costs. | | | | | |
| ATAA | Attend Alcoholics Anonymous meetings. | | | | | |
| BFRE | Lump sum payments made through tax refund interception or garnishments will be applied to the support arrearage but do not take the place of the monthly amount you are to pay. | | | | | |
| BIPG | Enter into and successfully complete the Batterer Intervention Program. | | | | | |
| ВОКР | Report to Marion County Correctional Facility for fingerprints and photographs. Following processing at the Marion County Correctional Facility the defendant is ordered to be held in custody. | | | | | |
| BORE | Report to Marion County Correctional Facility for fingerprints and photographs. Following processing at the Marion County Correctional Facility the defendant is authorized for released. | | | | | |
| CCMTR | Comply with all conditions of Marion County Mental Health Court. | | | | | |
| CCTWC | Attend and complete the Sex Buyers Accountability and Diversion Class. No contact with known prostitutes or pimps. No accessing or posting advertisements on any webpage routinely used for the advertisement of prostitution or escort services. | | | | | |
| CDRTP | Defendant shall complete the intake process for the 416 program and, if applicable, comply with and complete the 416 program. | | | | | |
| CEMDR | If unemployed or employed less than full time, actively seek employment in all fields by submitting at least (5) five applications per week with prospective employers who are accepting applications. Every Friday, you must furnish the Marion County District Attorney, Family Support Division, with a list of the names, addresses, phone numbers and date of contact with the potential employer. Their address is: Marion County District Attorney, Family Support Division, PO Box 14500, Oregon Building, 494 State Street, Suite 445, Salem, Oregon. Phone (503) 588-5152 and fax (503) 588-7999. | | | | | |
| CHSU | The support order remains in effect and the full monthly support amount continues to accrue and remains due to the obligee. | | | | | |
| CMNHL | Participant agrees to comply with mental health provider treatment recommendations, to take all prescribed medications as directed, and to promptly update Probation Officer of changes to prescribed medications. | | | | | |
| CMRC | Maintain safe and sanitary living conditions for children. | | | | | |
| CMTR | Comply with the directive(s) of [required text]. | | | | | |
| CNCCD | Do not have contact with your minor child(ren) unless approved by P.O. | | | | | |
| CNCCI | Do not possess, use or communicate the identification, financial records, or Social Security Account Number of any person or entity other than yourself. | | | | | |

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| CNDRG | Participant shall not consume controlled substances except as proscribed. If | | | |
|-------|--|--|--|--|
| | participant is in drug/alcohol treatment, participant shall not seek or fill | | | |
| | prescriptions for Schedule I or II controlled substances without prior MHC approval. | | | |
| CNFPD | Do not enter any place where illegal substances are used, kept, sold or possessed. | | | |
| | | | | |
| COGR | Enter and successfully complete any cognitive restructuring program as directed by Probation Officer. | | | |
| CRFW | Abide by curfew, day reporting, geographic restrictions, and electronic monitoring at Probation Officer's/Court's direction. | | | |
| CRPCM | The Court finds a presumptive prison term of [] months pursuant to ORS 137.717. | | | |
| СКРМН | If defendant is a participant in a treatment court, defendant shall not apply for, or use a medical marijuana card, shall not live with or provide care to a holder of a medical marijuana card, and shall not consume or ingest medicinal or recreational marijuana in any form. | | | |
| CRTR | Appear in Court at the Marion County Court Annex located at 4000 Aumsville | | | |
| 20025 | Highway, Salem, Oregon, on [date] at [time], to show proof of completion. | | | |
| CSBSR | Consent to search of computer or other electronic equipment upon the request of PO or representative if the PO has reasonable ground to believe evidence of a violation will be found. | | | |
| CSPC | Comply with the same terms and conditions as listed on count [count number] in this case. | | | |
| CSTCM | Do not possess implements used to produce graffiti. | | | |
| CSW | Perform [number of hours] hours of community service. | | | |
| СТРМ | Enter into and successfully complete the Traffic School Program. | | | |
| CTS | The court intends that any credit under ORS 137.370(4) for one or more consecutive sentences in this judgment be applied a single time towards the total term of incarceration imposed as a result of those consecutive sentences. | | | |
| CWCO | Participant must apply for the Oregon Health Plan through the Marion County Health Department within 30 days of entering the Mental Health Court program. | | | |
| DRTP | Participate in a substance abuse evaluation. Enter and successfully complete any course of treatment, including after and follow-up care determined to be necessary and as designated by the Evaluator or the Probation Officer. | | | |
| DSCI | Advise the Marion County district Attorney, Family Support Division, of any change in income, employment, address or business address within 3 days of change. | | | |
| DSCL | Allow communication between employer and/or personnel department and Probation Officer for the purposes of monitoring compliance with financial conditions. | | | |
| ELSV | Enter into and comply with the rules of the Electronic Surveillance Program for [duration]. | | | |
| EMDR | Show proof to the Probation Officer of the filing of any State or Federal Tax Return if the defendant is required by law to file a tax return. | | | |
| FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. | | | |

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| FRGW FRMS FRPR | Pursuant to ORS 166.279, the court finds that the following firearm(s) or other deadly weapon(s) were possessed, used or available for use to facilitate a criminal offense, and, therefore, are declared contraband and ordered to be forfeited and released to the law enforcement agency that seized the item(s), except as provided in ORS 166.279(3) for the return of stolen property: Fine to be paid from money seized in [Agency and Agency Case No]. Stipulate that the following is/are a nuisance and shall be destroyed: [required text]. | | | | |
|----------------|--|--|--|--|--|
| ICDA | Advise the Marion County district Attorney, Family Support Division, when you are employed. Your employer will be sent a withholding order, which will require your employer to withhold 120% of the current support amount, or 100% of the last monthly amount if support is no longer accruing, but not more than 50% of your disposable income. This amount may be greater than the payment ordered as a condition of probation. | | | | |
| ICMA | Keep the court advised of any change of address. | | | | |
| MNHL | Participate in a mental health evaluation. Enter and successfully complete any course of treatment, including taking all prescribed medications determined to be necessary and as designated by the Evaluator, Probation Officer or Judge. | | | | |
| MNPR | Inform all persons with whom defendant has had a significant relationship or close affiliation of his/her sexual offending history. Such relationships must be approved by his/her Probation Officer or Therapist. | | | | |
| MPAY | Payments shall be made to the Division of Child Support, PO Box 14506, Salem, Oregon 97309. Payments shall be identified by the parties' names and the Division of Child Support case number written on the order. Credit may not be given for payments not made through the Division of Child Support. ORS 25.020(7). | | | | |
| NACR | Do not have contact with persons known to be engaged in criminal activities. | | | | |
| NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. | | | | |
| NCCD | Do not have contact with co-defendant(s) or crime partners. | | | | |
| NCCJ | Obey all Department of Human Services (DHS) and Juvenile Court directives. | | | | |
| NCCS | Do not have contact with anyone who use or possess controlled substances illegally, or from going to places where such substances are kept or sold. | | | | |
| NCMN | Do not have direct or indirect contact with minors unless approved in writing by Probation Officer and Therapist. Any supervised visits must be approved in advance in writing by the defendant's treatment provider, and either the supervising Probation Officer or the Court. | | | | |
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| NCSO | Do not have contact with known sex offenders. | | | | | |
|------|--|--|--|--|--|--|
| NCVF | Do not contact with the victim in this case, or the victim's family. | | | | | |
| NCVI | Do not have contact with the victim without waiver, compliance with treatment and | | | | | |
| NDRG | Court or Probation Officer permission. [Enter Victim Name(s)] Report to DeMuniz Resource Center for OHP enrollment, drug treatment through Bridgeway per referral. Must accept at first R7. | | | | | |
| NDVL | Do not operate a vehicle without a valid license and insurance. | | | | | |
| NEBT | Do not enter into bars, taverns or liquor stores. | | | | | |
| NECA | Do not enter casinos or areas primarily dedicated to gambling or lottery activities such as bars, taverns or other businesses. | | | | | |
| NEUS | Do not enter the U.S.A. illegally. | | | | | |
| NFCA | Do not go to places where minors congregate, such as playground, skating parks, parks, amusement parks, fairs, or schools (including athletic events). No involvement with any organizations which would place the defendant in contact with minors, i.e. Boy or Girl Scouts, the Boys and Girls Club, Sunday school teaching, Big Brother or Big Sister Programs, without specific written permission in advance from either the defendant's Probation Officer, Therapist or the Court. | | | | | |
| NFIR | Do not purchase, possess, or transport firearms or ammunition or apply for any license/permit regarding firearms. If you have a Probation Officer, surrender possession of all firearms and ammunition as directed by that officer. | | | | | |
| NGAM | Do not participate or engage in any form or gambling, betting or lottery. | | | | | |
| NGNG | Do not have contact with gangs, individual gang members, nor possess gang paraphernalia. | | | | | |
| NLAW | Obey all municipal, county, state and federal laws. | | | | | |
| NMMC | If defendant is a participant in a treatment court, defendant shall not participate in the Oregon Medical Marijuana Program. | | | | | |
| NMVA | Do not move without prior approval from the court. | | | | | |
| NOIT | Do not use intoxicants to excess. The excessive use of intoxicants is understood to mean that the effects disrupt or interfere with domestic life, employment or proper community conduct. | | | | | |
| NSTR | The defendant stipulates that he/she is not eligible for earned discharge under ORS 137.633 and OAR 291-209-0040. | | | | | |
| NSXM | Do not possess pornography, including computer files or images, or erotica, or visit massage parlors, sex shops, topless bars, adult book stores, or prostitutes. Do not attempt to access telephonic sex lines. Do not access the internet without prior written permission of Probation Officer or Therapist. | | | | | |
| NTSA | Obtain permission from Probation Officer prior to engaging in any new financial transaction over \$200 excluding approved rent/mortgage, utilities and food. | | | | | |
| NUPB | Do not possess or use a computer- or computer-generated hardware or data (i.e. memory chips, flash drives, external or portable hard drives or memory cards, data cd's, disks, etc.). | | | | | |
| NUPS | Do not possess or utilize surveillance cameras or radio scanners without the written permission of the Probation Officer. | | | | | |

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| NILITO | Do not numbered tabases on sleekel | | | | |
|--------|---|--|--|--|--|
| NUTB | Do not purchase tobacco or alcohol. | | | | |
| NWEP | Do not possess weapons. | | | | |
| OBAP | Obtain Probation Officer authorization for any deviation from the established payment plan. | | | | |
| OGED | Complete GED or similar high school equivalency. | | | | |
| ORST | Do not have contact with your minor child(ren) unless approved by P.O. | | | | |
| PAOB | Comply with a modified structured payment plan as directed by the Probation Officer for good cause. | | | | |
| PFRC | Provide complete personal financial records, i.e. tax records, household income/expenses, bank statements, credit card statements, etc., to the probation Officer upon request. | | | | |
| PSPR | Sign any and all releases necessary to permit an evaluating or treating agency to release information to the Court, District Attorney, Probation Officer or other supervising authority. | | | | |
| PTTR | Enter into and successfully complete a parenting class. | | | | |
| RPCC | Report immediately to Marion County Sheriff's Office, Parole & Probation Division at 3610 Aumsville Hwy. SE, Salem, Oregon. | | | | |
| RS3M | Do not reside within three miles of the victim as required by law. | | | | |
| RSSO | Do not reside in any dwelling with another sex offender without prior permission of his/her Probation Officer or the director of Marion County Parole and Probation, as required by law. Based upon the courts finding that the defendant is a sex offender as defined in ORS 181.594. | | | | |
| SBPL | Submit to polygraph examination, at defendant's own expense, by a qualified polygraph examiner designated by the Court or Probation Officer under terms and conditions set by the Probation Officer. | | | | |
| SBRC | Upon providing proof of completion of [required text]. | | | | |
| SBRU | Submit to random blood/breath/urine testing at direction of Court or Probation Officer. | | | | |
| SCTF | Enter and successfully complete Theft Class. | | | | |
| SOTP | Enter into and successfully complete an approved treatment program for sex offenders as directed by your Probation Officer or Therapist. Comply with all treatment program requirements, including submission to plethysmographic and/or Abel screen assessment. Once the defendant has started treatment, there will be no therapist shopping. Any transfer must be approved ahead of time by both the defendant's current Therapist, his/her Probation Officer, and the intended Therapist, and compelling reasons must be submitted in writing to all parties by the offender. | | | | |

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| SRTR | Make a full and complete disclosure of all prior victims. This disclosure will be made and confirmed 6 months into treatment. Confirmation of the list will be made a polygraph assessment. Any refusal to submit a complete list of victims is a violation of probation. During the course of treatment, the defendant's is to pass not only his/her full disclosure tests about the victims but also periodic maintenance tests. | | | |
|------|--|--|--|--|
| STAD | This is a stipulated sentence. | | | |
| VCIP | Attend and successfully complete a Victim Impact Panel on [date]. | | | |
| VCPT | Pay victim counseling costs as ordered by the court. | | | |
| ZTDA | Understand that this is a zero tolerance probation and any violation shall result in revocation of probation. | | | |

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| Package Name | Code | Conditions |
|-----------------------------|------|--|
| DV | BIPG | Enter into and successfully complete the Program - Batterer Intervention. |
| Bench Probation (MARDVB) | NCVI | Do not have contact with the victim without waiver, compliance with treatment and Court or Probation Officer permission. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | NWEP | Do not possess weapons. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | CRTR | Appear in Court at the Marion County Court Annex located at 4000 Aumsville Highway, Salem, Oregon, on [date] at [time], to show proof of completion. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|----------------------------|------|--|
| DV & PP Bench Probation | BIPG | Enter into and successfully complete the Program - Batterer Intervention. |
| (MARDVPB) | PTTR | Enter into and successfully complete a parenting class. |
| (WARDVPB) | NCCJ | Obey all Department of Human Services (DHS) and Juvenile Court directives. |
| | NCVI | Do not have contact with the victim without waiver, compliance with treatment and Court or Probation Officer permission. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | NWEP | Do not possess weapons. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | CRTR | Appear in Court at the Marion County Court Annex located at 4000 Aumsville Highway, Salem, Oregon, on [date] at [time], to show proof of completion. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|----------------------------|-------|--|
| DV Supervised Probation | BIPG | Enter into and successfully complete the Program - Batterer Intervention at Court or Probation Officer direction. |
| (MARDVS) | NCVI | Do not have contact with the victim without waiver, compliance with treatment and Probation Officer permission. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | NWEP | Do not possess weapons. |
| | SBPL | Submit to polygraph examination, at defendant's own expense, by a qualified polygraph examiner designated by the Court or Probation Officer under terms and conditions set by the Probation Officer. |
| | CRFW | Abide by curfew, day reporting, geographic restrictions, and electronic monitoring at Probation Officer's/Court's direction. |
| | RPCC | Report immediately to Marion County Sheriff's Office, Parole & Probation Division at 3610 Aumsville Hwy. SE, Salem, Oregon. |
| | CSBSR | Consent to search of computer or other electronic equipment upon the request of PO or representative if the PO has reasonable ground to believe evidence of a violation will be found. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|------------------------------|-------|--|
| DV & PP Supervised Probation | BIPG | Enter into and successfully complete the Program - Batterer Intervention at Court or Probation Officer direction. |
| (MARDVPS) | PTTR | Enter into and successfully complete a parenting class at Court or Probation Officer direction. |
| | NCCJ | Obey all Department of Human Services (DHS) and Juvenile Court directives. |
| | NCVI | Do not have contact with the victim without waiver, compliance with treatment and Probation Officer permission. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | NWEP | Do not possess weapons. |
| | SBPL | Submit to polygraph examination, at defendant's own expense, by a qualified polygraph examiner designated by the Court or Probation Officer under terms and conditions set by the Probation Officer. |
| | CRFW | Abide by curfew, day reporting, geographic restrictions, and electronic monitoring at Probation Officer's/Court's direction. |
| | CSBSR | Consent to search of computer or other electronic equipment upon the request of PO or representative if the PO has reasonable ground to believe evidence of a violation will be found. |
| | RPCC | Report immediately to Marion County Sheriff's Office, Parole & Probation Division at 3610 Aumsville Hwy. SE, Salem, Oregon. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|--|------|--|
| DUII Unsupervised <i>(MARDUII)</i> | ALTP | Participate in an alcohol evaluation. Enter and successfully complete any course of treatment, including after and follow-up care determined to be necessary and as designated by the Evaluator or the Probation Officer. |
| | VCIP | Attend and successfully complete a Victim Impact Panel on [date]. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | NDVL | Do not operate a vehicle without a valid license and insurance. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | CRTR | Appear in Court at the Marion County Court Annex located at 4000 |
| | | Aumsville Highway, Salem, Oregon, on [date] at [time], to show proof of completion. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|----------------------------------|------|--|
| DUII Supervised (MARDUIIS) | ALTP | Participate in an alcohol evaluation. Enter and successfully complete any course of treatment, including after and follow-up care determined to be necessary and as designated by the Evaluator or the Probation Officer. |
| | VCIP | Attend and successfully complete a Victim Impact Panel on [date]. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | NDVL | Do not operate a vehicle without a valid license and insurance. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | NCCS | Do not have contact with anyone who use or possess controlled |
| | | substances illegally, or from going to places where such substances are kept or sold. |
| | NMMC | If defendant is a participant in a treatment court, defendant shall not not participate in the Oregon Medical Marijuana Program. |
| | NUPS | Do not possess or utilize surveillance cameras or radio scanners without the written permission of the Probation Officer. |
| | SBPL | Submit to polygraph examination, at defendant's own expense, by a qualified polygraph examiner designated by the Court or Probation Officer under terms and conditions set by the Probation Officer. |
| | CRFW | Abide by curfew, day reporting, geographic restrictions, and electronic monitoring at Probation Officer's/Court's direction. |
| | RPCC | Report immediately to Marion County Sheriff's Office, Parole & Probation Division at 3610 Aumsville Hwy. SE, Salem, Oregon. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|--|------|--|
| Drug Bench Probation <i>(MARDGB)</i> | DRTP | Participate in a substance abuse evaluation. Enter and successfully complete any course of treatment, including after and follow-up care determined to be necessary and as designated by the Evaluator or the Probation Officer. |
| | NCCS | Do not have contact with anyone who use or possess controlled substances illegally, or from going to places where such substances are kept or sold. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | NMMC | If defendant is a participant in a treatment court, defendant shall not not participate in the Oregon Medical Marijuana Program. |
| | CRTR | Appear in Court at the Marion County Court Annex located at 4000 Aumsville Highway, Salem, Oregon, on [date] at [time], to show proof of completion. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | FRPR | Stipulate that the following is/are a nuisance and shall be destroyed: [required text]. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|--|------|--|
| Drug Supervised Probation (MARDGS) | DRTP | Participate in a substance abuse evaluation. Enter and successfully complete any course of treatment, including after and follow-up care determined to be necessary and as designated by the Evaluator or the Probation Officer. |
| | NCCS | Do not have contact with anyone who use or possess controlled substances illegally, or from going to places where such substances are kept or sold. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | NMMC | If defendant is a participant in a treatment court, defendant shall not not participate in the Oregon Medical Marijuana Program. |
| | NUPS | Do not possess or utilize surveillance cameras or radio scanners without the written permission of the Probation Officer. |
| | SBPL | Submit to polygraph examination, at defendant's own expense, by a qualified polygraph examiner designated by the Court or Probation Officer under terms and conditions set by the Probation Officer. |
| | CRFW | Abide by curfew, day reporting, geographic restrictions, and electronic monitoring at Probation Officer's/Court's direction. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | RPCC | Report immediately to Marion County Sheriff's Office, Parole & Probation Division at 3610 Aumsville Hwy. SE, Salem, Oregon. |
| | NDVL | Do not operate a vehicle without a valid license and insurance. |
| | FRPR | Stipulate that the following is/are a nuisance and shall be destroyed: [required text]. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|-------------------------|-------|--|
| Gang Banch Brobation | NGNG | Do not have contact with gangs, individual gang members, nor possess gang paraphernalia. |
| Bench Probation | CSTCM | Do not possess implements used to produce graffiti. |
| (MARGNB) | NWEP | Do not possess weapons. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | CRFW | Abide by curfew, day reporting, geographic restrictions, and electronic monitoring at Probation Officer's/Court's direction. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|---------------------------|-------|--|
| Gang Supervised Probation | NGNG | Do not have contact with gangs, individual gang members, nor possess gang paraphernalia. |
| (MARGNS) | CSTCM | Do not possess implements used to produce graffiti. |
| (MARGNS) | NWEP | Do not possess weapons. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | SBPL | Submit to polygraph examination, at defendant's own expense, by a qualified polygraph examiner designated by the Court or Probation Officer under terms and conditions set by the Probation Officer. |
| | CRFW | Abide by curfew, day reporting, geographic restrictions, and electronic monitoring at Probation Officer's/Court's direction. |
| | RPCC | Report immediately to Marion County Sheriff's Office, Parole & Probation Division at 3610 Aumsville Hwy. SE, Salem, Oregon. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|---------------------------------|------|---|
| Sex Offender Package (MARSO) | SOTP | Enter into and successfully complete an approved treatment program for sex offenders as directed by your Probation Officer or Therapist. Comply with all treatment program requirements, including submission to plethysmographic and/or Abel screen assessment. Once the defendant has started treatment, there will be no therapist shopping. Any transfer must be approved ahead of time by both the defendant's current Therapist, his/her Probation Officer, and the intended Therapist, and compelling reasons must be submitted in writing to all parties by the offender. |
| | SRTR | Make a full and complete disclosure of all prior victims. This disclosure will be made and confirmed 6 months into treatment. Confirmation of the list will be made a polygraph assessment. Any refusal to submit a complete list of victims is a violation of probation. During the course of treatment, the defendant's is to pass not only his/her full disclosure tests about the victims but also periodic maintenance tests. |
| | DRTP | Participate in a substance abuse evaluation. Enter and successfully complete any course of treatment, including after and follow-up care determined to be necessary and as designated by the Evaluator or the Probation Officer. |
| | SBRU | Submit to random blood/breath/urine testing at direction of Court or Probation Officer. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | NCCS | Do not have contact with anyone who use or possess controlled substances illegally, or from going to places where such substances are kept or sold. |
| | NCMN | Do not have direct or indirect contact with minors unless approved in writing by Probation Officer and Therapist. Any supervised visits must be approved in advance in writing by the defendant's treatment provider, and either the supervising Probation Officer or the Court. |
| | NFCA | Do not go to places where minors congregate, such as playground, skating parks, parks, amusement parks, fairs, or schools (including athletic events). No involvement with any organizations which would place the defendant in contact with minors, i.e. Boy or Girl Scouts, the Boys and Girls Club, Sunday school teaching, Big Brother or Big Sister Programs, without specific written permission in advance from either the defendant's Probation Officer, Therapist or the Court. |
| | MNPR | Inform all persons with whom defendant has had a significant relationship or close affiliation of his/her sexual offending history. Such relationships must be approved by his/her Probation Officer or Therapist. |

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| GN09 | Consent to the search of person, vehicle, property, residence or premises at any time by Probation Officer or anyone acting under the direction of the Probation Officer if the Probation Officer has reasonable grounds to believe that evidence of a violation will be found, and submit to fingerprinting and/or photographing when requested by the Department of Corrections or a county community corrections agency for supervision purposes. |
|------|--|
| NSXM | Do not possess pornography, including computer files or images, or erotica, or visit massage parlors, sex shops, topless bars, adult book stores, or prostitutes. Do not attempt to access telephonic sex lines. Do not access the internet without prior written permission of Probation Officer or Therapist. |
| CRFW | Abide by curfew, day reporting, geographic restrictions, and electronic monitoring at Probation Officer's/Court's direction. |
| RS3M | Do not reside within three miles of the victim as required by law. |
| RPCC | Report immediately to Marion County Sheriff's Office, Parole & Probation Division at 3610 Aumsville Hwy. SE, Salem, Oregon. |
| NCVI | Do not have contact with the victim without waiver, compliance with treatment and Probation Officer permission. |
| RSSO | Do not reside in any dwelling with another sex offender without prior permission of his/her Probation Officer or the director of Marion County Parole and Probation, as required by law. Based upon the courts finding that the defendant is a sex offender as defined in ORS 181.594. |
| FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
|------------------------------|------|--|
| Financial Package (MARFP) | DSCL | Allow communication between employer and/or personnel department and Probation Officer for the purposes of monitoring compliance with financial conditions. |
| | PFRC | Provide complete personal financial records, i.e. tax records, household income/expenses, bank statements, credit card statements, etc., to the probation Officer upon request. |
| | NTSA | Obtain permission from Probation Officer prior to engaging in any new financial transaction over \$200 excluding approved rent/mortgage, utilities and food. |
| | SBPL | Submit to polygraph examination, at defendant's own expense, by a qualified polygraph examiner designated by the Court or Probation Officer under terms and conditions set by the Probation Officer. |
| | EMDR | Show proof to the Probation Officer of the filing of any State or Federal Tax Return if the defendant is required by law to file a tax return. |
| | OBAP | Obtain Probation Officer authorization for any deviation from the established payment plan. |
| | NUTB | Do not purchase tobacco or alcohol. |
| | NGAM | Do not participate or engage in any form or gambling, betting or lottery. |
| | RPCC | Report immediately to Marion County Sheriff's Office, Parole & Probation Division at 3610 Aumsville Hwy. SE, Salem, Oregon. |
| | PAOB | Comply with a modified structured payment plan as directed by the Probation Officer for good cause. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
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| Mental Health Court Package <i>(MARMHC)</i> | MNHL | Participate in a mental health evaluation. Enter and successfully complete any course of treatment, including taking all prescribed medications determined to be necessary and as designated by the Evaluator, Probation Officer or Judge. |
| | CWCO | Participant must apply for the Oregon Health Plan through the Marion County Health Department within 30 days of entering the Mental Health Court program. |
| | CMNHL | Participant agrees to comply with mental health provider treatment recommendations, to take all prescribed medications as directed, and to promptly update Probation Officer of changes to prescribed medications. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | CNDRG | Participant shall not consume controlled substances except as prescribed. If participant is in drug/alcohol treatment, participant shall not seek or fill prescriptions for Schedule I or II controlled substances without prior MHC approval. |
| | CRPMH | If defendant is a participant in a treatment court, defendant shall not apply for, or use a medical marijuana card, shall not live with or provide care to a holder of a medical marijuana card, and shall not consume or ingest medicinal or recreational marijuana in any form. |
| | RPCC | Report immediately to Marion County Sheriff's Office, Parole & Probation Division at 3610 Aumsville Hwy. SE, Salem, Oregon. |
| | CCMTR | Comply with all conditions of Marion County Mental Health Court. |
| | PSPR | Sign any and all releases necessary to permit an evaluating or treating agency to release information to the Court, District Attorney, Probation Officer or other supervising authority. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
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| Mental Health Supervised <i>(MARMHS)</i> | MNHL | Participate in a mental health evaluation. Enter and successfully complete any course of treatment, including taking all prescribed medications determined to be necessary and as designated by the Evaluator, Probation Officer or Judge. |
| | PSPR | Sign any and all releases necessary to permit an evaluating or treating agency to release information to the Court, District Attorney, Probation Officer or other supervising authority. |
| | CMNHL | Participant agrees to comply with mental health provider treatment recommendations, to take all prescribed medications as directed, and to promptly update Probation Officer of changes to prescribed medications. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | CRPMH | If defendant is a participant in a treatment court, defendant shall not apply for, or use a medical marijuana card, shall not live with or provide care to a holder of a medical marijuana card, and shall not consume or ingest medicinal or recreational marijuana in any form. |
| | RPCC | Report immediately to Marion County Sheriff's Office, Parole & Probation Division at 3610 Aumsville Hwy. SE, Salem, Oregon. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| Package Name | Code | Conditions |
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| Mental Health Bench Package (MARMHB) | MNHL | Participate in a mental health evaluation. Enter and successfully complete any course of treatment, including taking all prescribed medications determined to be necessary and as designated by the Evaluator, Probation Officer or Judge. |
| | PSPR | Sign any and all releases necessary to permit an evaluating or treating agency to release information to the Court, District Attorney, Probation Officer or other supervising authority. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | CRPMH | If defendant is a participant in a treatment court, defendant shall not apply for, or use a medical marijuana card, shall not live with or provide care to a holder of a medical marijuana card, and shall not consume or ingest medicinal or recreational marijuana in any form. |
| | CRTR | Appear in Court at the Marion County Court Annex located at 4000 Aumsville Highway, Salem, Oregon, on [date] at [time], to show proof of completion. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |
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| Package Name | Code | Conditions |
|--------------------------------------|-------|---|
| Support Enforcement Package (MARSED) | DSCI | Advise the Marion County district Attorney, Family Support Division, of any change in income, employment, address or business address within 3 days of change. |
| | CEMDR | If unemployed or employed less than full time, actively seek employment in all fields by submitting at least (5) five applications per week with prospective employers who are accepting applications. Every Friday, you must furnish the Marion County District Attorney, Family Support division, with a list of the names, addresses, phone numbers and date of contact with the potential employer. Their address is: Marion County District Attorney, family Support Division, PO Box 14500, Oregon Building, 494 State Street, Suite 445, Salem, Oregon. Phone (503) 588-5152 and fax (503) 588-7999. |
| | ICDA | Advise the Marion County district Attorney, Family Support Division, when you are employed. Your employer will be sent a withholding order, which will require your employer to withhold 120% of the current support amount, or 100% of the last monthly amount if support is no longer accruing, but not more than 50% of your disposable income. This amount may be greater than the payment ordered as a condition of probation. |
| | MPAY | Payments shall be made to the Division of Child Support, PO Box 14506, Salem, Oregon 97309. Payments shall be identified by the parties' names and the Division of Child Support case number written on the order. Credit may not be given for payments not made through the Division of Child Support. ORS 25.020(7). |
| | CHSU | The support order remains in effect and the full monthly support amount continues to accrue and remains due to the obligee. |
| | BFRE | Lump sum payments made through tax refund interception or garnishments will be applied to the support arrearage but do not take the place of the monthly amount you are to pay. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |

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| PCS DAD Probation Package (MARPCS) | DRTP | Participate in a substance abuse evaluation. Enter and successfully complete any course of treatment, incuding after and follow-up care determined to be necessary and as designated by the Evaluator or the Probation Officer. |
|--|------|--|
| | NCCS | Do not have contact with anyone who use or possess controlled substances illegally, or from going to places where such substances are kept or sold. |
| | NALC | Do not use or possess alcohol, inhalants, or controlled substances except pursuant to a medical prescription. |
| | NEBT | Do not enter into bars, taverns or liquor stores. |
| | NMMC | If defendant is a participant in a treatment court, defendant shall not not participate in the Oregon Medical Marijuana Program. |
| | CRTR | Appear in Court at the Marion County Court Annex located at 4000 Aumsville Highway, Salem, Oregon, on [date] at [time], to show proof of completion. |
| | NLAW | Obey all municipal, county, state and federal laws. |
| | FNRV | It is hereby further ordered and adjudged that the clerk apply payment upon this money award as provided by law and apply any bail or security on deposit herein toward this money award and, to the extent permitted by law, disperse them first to compensatory fines, then to restitution, Crime Victim Assessment, fines, assessments, fees and then to other costs adjudged herein. |
| | FRPR | Stipulate that the following is/are a nuisance and shall be destroyed: [required text]. |
| | CSW | Perform [number of hours] hours of community service. |
| | NDGR | Report to DeMuniz Resource Center for OHP enrollment, drug treatment through Bridgeway per referral. Must accept at first R7. |

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