



ARIZONA DEPARTMENT OF CORRECTIONS

Condition 12 – Conditions of Supervision – Special Conditions

Offenders under supervision of the Arizona Department of Corrections shall be required to agree to the following Special Conditions of Supervision imposed by the Arizona Department of Corrections, the sentencing court, state statutes, the Board of Executive Clemency or my Supervising Officer/CO III. These conditions may be modified.

A	Per BOEC-All Mandatory DOC Conditions. Any violation of conditions shall result in the initiation of revocation proceedings.
B	Per BOEC-Pay supervision fees of \$65.00 per month, beginning 12/09/2016. Any violation of conditions shall result in the initiation of revocation proceedings.
C	Per BOEC-Needs assessment/referral(Counseling, Vocational, Educational). Any violation of conditions shall result in the initiation of revocation proceedings.
D	Per BOEC-No use of alcohol. Any violation of conditions of supervision shall result in the initiation of revocation proceedings.
E	Per BOEC-Random tests for drugs/alcohol. Any violation of conditions shall result in the initiation of revocation proceedings.
F	Per BOEC- May not operate a motor vehicle. Any violation of conditions shall result in the initiation of revocation proceedings.
G	Per BOEC-No contact w/victim or family of victim. Any violation of conditions shall result in the initiation of revocation proceedings.
H	Per BOEC-Must pay restitution. Any violation of conditions shall result in the initiation of revocation proceedings.
I	Per BOEC-Take part in available programs. Any violation of conditions shall result in the initiation of revocation proceedings.
J	Per BOEC-Recommend halfway hous, or designated by parole officer. Any violation of conditions shall result in the initiation of revocation proceedings.
K	Per BOEC-No contact with children, unless changed by family court. This includes all methods of contact, including 3 rd party. Any violation of conditions shall result in the initiation of revocation proceedings.
L	If you are dscharged from any residence or program, you must report in person to PO Pogue, 801 S 16 th St., Phoenix, AZ 85034 the next business day by 9:00 AM. Any violation of conditlons shall result in the initiation of revocation proceedings.

OFFENDER NAME <i>(Last, First M.I.) (Please print)</i> Wideman, Jacob	ADC NUMBER # 070340	SIGNATURE <i>John E. Wideman</i>	DATE <i>(mm/dd/yyyy)</i> 5/12/17
WITNESS NAME <i>(Last, First M.I.) (Please print)</i> POGUE, PATRICK		SIGNATURE <i>Patrick Pogue</i>	DATE <i>(mm/dd/yyyy)</i> 5/12/17



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Condition 12 – Conditions of Supervision – Special Conditions

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M. I will remain at my approved residence each night. Any violation shall result in the initiation of revocation proceedings.

N. I will not enter any restaurant or establishment where the targeted clientele population is under the age of 18. (Water parks, theme parks, playgrounds, arcades, Peter Piper Pizza, Chucky Cheese, etc). Any violation of conditions shall result in the the initiation of revocation proceedings.

O. I will not care for or monitor anyone under the age of 18 years old, under any circumstances for any reason. Any violation of conditions shall result in the initiation of revocation proceedings.

OFFENDER NAME (Last, First M.I.) (Please print) Wideman, Jacob	ADC NUMBER # 070340	SIGNATURE <i>Jacob E. Wideman</i>	DATE (mm/dd/yyyy) 5/12/17
WITNESS NAME (Last, First M.I.) (Please print) POGUE, PATRICK		SIGNATURE <i>[Signature]</i>	DATE (mm/dd/yyyy) 5/12/17



ARIZONA DEPARTMENT OF CORRECTIONS

Conditions of Supervision - GPS/Electronic Monitoring - Condition 14

Condition	For all offenders assigned to GPS/Electronic Monitoring: Offenders under Supervision of the Arizona Department of Corrections shall be required to agree to the following Conditions of Supervision if required to be on a GPS/Electronic Monitoring tracking device. (Per A.R.S.41-1604.08 or as deemed appropriate by the Community Corrections Operations Director or designee):
A	I will charge the GPS/Electronic Monitoring tracking device in an electrical outlet for at least two (2) hours each day. I am responsible for ensuring that the GPS/Electronic Monitoring tracking device remains charged.
B	I will plug the GPS/Electronic Monitoring tracking device into an electric outlet immediately if the GPS/Electronic Monitoring tracking device vibrates and the power LED flashes red.
C	I will be held responsible for the GPS/Electronic Monitoring equipment that has been assigned to me. If the GPS/Electronic Monitoring equipment is damaged or lost due to negligence or tampering, I will be held accountable for the repair and/or replacement cost of the equipment. WMTD Unit# <u>34471688 (TD4 CDMA, CDMA-V)</u>
D	I will not tamper with the equipment in any manner.
E	I will not remove or by-pass the equipment assigned to me.
F	I will report to my Supervising Officer when directed for purposes of equipment inspections.
G	I will remain within my specified inclusion zones or out of my specified exclusion zones as directed by my Supervising Officer and abide by any and all curfews imposed by my Supervising Officer.
H	I am aware that it is a Class 4 Felony to interfere with, by-pass and/or remove my GPS/Electronic Monitoring device, in violation of Arizona Revised Statute 13-3725.

OFFENDER NAME (Last, First, MI.) (Please print) Wideman, Jacob		ADC NUMBER # 070340
SIGNATURE 		DATE (mm/dd/yyyy) 5-12-17
WITNESS NAME (Last, First, MI.) (Please print) Pogue, Patrick	SIGNATURE 	DATE (mm/dd/yyyy) 5-12-17



Release Type

CSBD ERC SED

Conditions of Supervision and Release

Offenders under supervision of the Arizona Department of Corrections shall be required to agree to the Conditions of Supervision and release as follows:

1. Upon release from custody, I will contact my Supervising Officer, or Duty Officer by personal visit within one (1) working day unless otherwise directed by a special condition.
2. I will maintain contact with my Supervising Officer and follow all directives I am given, either verbal or written.
3. I will obtain approval from my Supervising Officer before changing my residence or mailing address. I will secure a written travel permit/waiver of extradition from my Supervising Officer before leaving the State of Arizona. I hereby waive extradition if I should be arrested in any other state and will not resist being returned to the State of Arizona.
4. I will seek, obtain, and maintain employment, if legally permitted to do so. I understand I will attend school, approved programs or treatment as directed by my Supervising Officer and will participate in school or the approved programs or treatment as directed.
5. I will obey all city, county, state, federal and tribal laws. I will inform my Supervising Officer, within (1) working day, of any contact that I have had with any law enforcement agency. I will not engage in assaultive, violent, or threatening activities of any sort.
6. At no time will I own, possess, transport, use, or have under my control any electronic stun or control device, firearms, deadly or prohibited weapons, explosives or ammunition as defined in A.R.S. 13-3101.
7. I will not consume or use any form of alcohol, or any substance containing alcohol, at any time. I will not possess, use, distribute, sell, manufacture or have under my control any illegal drugs, controlled substances, narcotics, toxic vapors (as inhalants) or prescription drugs not prescribed to me by a licensed physician. I will submit blood, urine, saliva, or Breathalyzer samples when requested by any Supervising Officer.
8. I will not have any contact with any victims; I will not knowingly associate with any person engaged in criminal activity, codefendants, or anyone under the jurisdiction of ADC or Probation or in the custody of any law enforcement agency without prior authorization or permission from my Supervising Officer.
9. I will submit to a search of my person, automobile or place of residence at any time, with or without a warrant by any Community Corrections Officer or Supervisor.
10. I will not enter into any agreement to act as an informant or special agent for any law enforcement agency without the written consent of my Supervising Officer.
11. If applicable, I will pay fees, fines, and/or restitution as determined by the Board of Executive Clemency, the sentencing court or state statutes.
12. Special Conditions apply, Form #1002-3SPCL: Yes No
13. Special Conditions apply, Form #1002-3SO: Yes No
14. Special Conditions apply, Form #1002-3GPS: Yes No
15. If applicable, I will not remain in or return to the United States illegally if I am deported or processed through voluntary departure. Should I illegally return to the United States, I hereby waive extradition from any jurisdiction in the United States and shall not contest any effort by any jurisdiction to return me to the state of Arizona.

By signing below, I agree to comply with the above listed conditions. Failure to sign will result in my not being released at this time.

OFFENDER NAME (Last, First M.I.) (Please print) Wideman, Jacob	ADC NUMBER # 070340	SIGNATURE 	DATE (mm/dd/yyyy) 5-12-17
WITNESS NAME (Last, First M.I.) (Please print) Pogue, Patrick	SIGNATURE 		DATE (mm/dd/yyyy) 5-12-17



Home Arrest Authorization and Conditions of Supervision

INMATE NAME (Last, First M.I.) (Please print)	ADC NUMBER
Wideman, Jacob	# 070340

1. My place of residence (HOME ARREST SITE) is [REDACTED]

My place of residence is considered a "Correctional Facility" under Arizona Law. Any unauthorized leave, absence, or departure from my place or residence (Home Arrest Site) is **NOT** permitted and is a violation of Arizona Revised Statute 13-2503 (A.R.S), Escape in the Second Degree, **A FELONY**. This may result in a felony charge being against me. I hereby waive extradition if I should be arrested in any other state and will not resist being returned to the State of Arizona
2. Upon transfer to Home Arrest status, I will contact my assigned Parole Officer by personal visit within 2 hours of transfer unless otherwise directed. Thereafter, I will maintain contact as directed, The Parole Officer's name, address and telephone number is:

PATRICK POGUE, 801 S 16TH STREET, PHOENIX, ARIZONA 85034; 602-513-3540
3. I will report to the Parole Office when directed to do so by a Parole Officer or Correctional Officer. I understand that failure to report at the designated date and time may result in a warrant being issued
4. I will not leave my place of residence for any reason unless authorized by my Parole Officer or in case of emergency. I will contact the Parole Office or emergency number either before or immediately after leaving my residence due to an emergency (an emergency is imminent danger to self, family, household residents, or personal medical needs requiring immediate hospital treatment). Any incidents at my residence involving police, fire, or medical personnel will be reported immediately to the Parole Office of emergency number. Unauthorized leave is a violation of A.R.S. 13-2503, Escape in the Second Degree, and may result in a felony charge being filed. I will not change my residence or mailing address without prior approval from my Parole Officer. When I leave my Place of residence, I will go directly to and from work or other destinations authorized by my Parole Officer.
5. I will maintain legitimate employment as approved by my Parole Officer. I will advise my Parole Officer immediately if terminated. I will not transfer to other employment without first receiving the permission of my Parole Officer. If I am dismissed or terminated from my employment, I will actively cooperate with the Department of Corrections in seeking new employment. I will participate and cooperate fully in any programs if assistance and/or counseling, as directed by my Parole Officer.
6. I will obey all city, county, state, federal, and tribal laws. If I have contact with any law enforcement agency, I will contact my assigned Parole Officer of the Duty Parole Officer immediately. I will not engage in assaultive activities, violence, or threats, or violence of any sort.
7. At no time will I own, control, possess, transport, or use any firearms, deadly weapons or explosives.
8. If so directed by the Board of Executive Clemency, or my Parole Officer, I will abstain from the use of alcohol beverages, I will at all times avoid the excessive use of alcohol. I will not possess, use, distribute, sell or have under my control any controlled substance or narcotics except as prescribed by a licensed physician to me. I will submit to blood, urine, or breathalyzer samples when requested by my Parole Officer.
9. I will not associate with any person who is under the jurisdiction of a parole or probation agency or is an inmate IR is in the custody of any law enforcement agency without the prior authorization of a Parole Officer or CO III.
10. I will submit to a search of my person, automobile, or place of residence by a Parole Officer at any time, day or night, with or without a warrant, upon reasonable suspicion.
11. I will not enter into any agreement to act as an informant or special agent for any law enforcement agency.
12. I will pay a monthly cost of supervision fee and/or daily electronic monitoring fee as mandated by statute unless a lesser fee is assessed by the Board of Executive Clemency. I shall pay all other fines, fees, and restitution as directed by the Board of Executive Clemency, the sentencing court, state statute, or my Parole Officer.

13. I will adhere to any other conditions of supervision as may be imposed by the Arizona Board of Executive Clemency, or my Parole Officer.

Offender Initials

A. All mandatory DOC conditions

B. Pay supervision fee of \$65.00 per month beginning 12/09/2016

C. Needs Assessment/Referral (Counseling, Vocational, Educational)

Jaw
Jaw
Jaw

14. I will not use an answering machine, cordless telephone, call waiting, or call forwarding service at my residence. Telephone bills will be provided to my Parole Officer when requested. Telephone calls will be limited to 15 minutes. I will respond promptly to all telephone calls to verify that I am at my place or residence.

15. I will maintain electrical and compatible telephone service at my place of residence. All telephone and utility bills will be paid promptly.

16. I will not disconnect, remove, incapacitate or damage the monitoring equipment which is on my person or in or on my residence. I am criminally responsible for any reckless, knowing, or intentional damage to monitoring equipment. Damage to such equipment may result in a criminal damage charge pursuant to A.R.S. 13-1602, being filed against me. I am financially responsible for any damage to monitoring equipment.

Any taking, possessing, controlling, or conversion of the monitoring equipment, or other property of the Arizona Department of Corrections, without lawful authority, may result in a theft charge pursuant to A.R.S. 13-1802, being filed against me.

Any selling, transferring, distributing, dispensing, or otherwise disposing of monitoring equipment to another person is a violation of A.R.S. 13-2307, Trafficking in Stolen Property, a Felony. This may result in a felony charge being filed against me.

17. I will contact the Parole Office immediately to report any malfunctions in the monitoring equipment placed in my residence or attached to me.

I have read/have had read to me, fully understand, and agree to abide by all Conditions of Supervision while on Home Arrest status. I am aware that failure to abide by these conditions may result in my detention pending a revocation hearing before the Board of Executive Clemency.

Offender Name (Last, First M.I.) Wideman, Jacob E.	ADC Number 070340 070340
Offender Signature Jacob E. Wideman	Date 5/12/2017
Witness Signature R. [Signature]	Date 5/12/17