



SIXTH JUDICIAL DISTRICT
DEPARTMENT OF CORRECTIONAL SERVICES
PRETRIAL RELEASE AGREEMENT

- Erin Peters - 319-730-1133
Judy Breja - 319-558-8705
Tiffany Miller - 319-730-1142
Anamosa / Damian Teymer - 319-480-5301
Belle Plaine - 319-560-9198
Coralville/ Candace Acord - 319-625-2124
Marengo/ Dale Slaymaker - 319-642-3145
Toledo/ Julie Rathien - 641-484-4822
Vinton/ Brody Frame - 319-423-1816

I, _____, agree to obey the following rules:

- 1. I will appear in court as required.
2. I will obey all federal, state, and city laws. I will notify my supervising agent within 24 hours regarding any contact with law enforcement officials.
3. I will report to the Department of Correctional Services as required.
4. I will live in a suitable residence and will not move without approval by the Department of Correctional Services. I will make my residence accessible to my supervising agent or official designee.
5. I will not leave Iowa without approval by the Department of Correctional Services.
6. I will (not drink excessively) (abstain from alcohol), will not use or possess drugs not prescribed by a doctor, and will submit to toxicology testing as required.
7. I will behave responsibly and will not do anything that would cause the court to revoke my release.
8. I will comply with the rehabilitative efforts of the Department of Correctional Services.
9. I will not own or possess a firearm after the trial information is filed for a felony or an applicable aggravated misdemeanor.
10. I will obey all court-ordered release conditions.

SPECIAL CONDITIONS:

- I will have no contact with the alleged victim(s).
I will obtain a mental health evaluation and abide by any treatment recommendations.
I will obtain a substance abuse evaluation within 30 days of release from custody and abide by any treatment recommendations.
I will call 319-730-1287 (automated voicemail box) on a weekly basis until sentenced or until my charge is dismissed.
I will not operate a motor vehicle without a valid license or permit.
Other _____

I understand the above rules and agree to obey them. I understand that disobeying them may result in my arrest. I understand I may file a grievance against the Department of Correctional Services through established procedures.

Defendant _____

Date _____

Witness _____

Date _____