



Eighth Judicial District Department of Correctional Services

Serving the 14 Counties of Southeast Iowa

You were sentenced to probation under our **LOW RISK PROGRAM**. To successfully discharge from probation, you must comply with all court-ordered requirements as outlined in the Judgment Entry within the timeframe set by the court. In addition, you must complete and return the enclosed form and pay your supervision fee in full. If you complete all of these requirements before the completion date set by the court, an early discharge request may be submitted to the court.

YOU REMAIN ON PROBATION UNTIL DISCHARGED BY THE COURT

You are responsible for setting up and completing the conditions ordered by the Court. It is also your responsibility to furnish proof of completion to Probation/Parole Officer **Jeanna Pierce**. If proof is mailed, send it to the address listed at the bottom of this letter, include your name, county of conviction, **and cause number on all correspondence**.

WHAT WILL HAPPEN IF THESE REQUIREMENTS ARE NOT MET?

Failure to comply with all requirements may result in revocation of your probation with possible incarceration and/or additional court costs.

OBEY THE LAW

You must obey the law. If arrested, call **Jeanna Pierce** at (641) 682-8383 x 255 within **72 hours** to report your new charge, when and where it occurred, and the arresting law enforcement agency.

MONIES OWED

You are required to pay all victim restitution, fines, court costs, surcharges, and court-appointed attorney fees owed in your case. **Payments should be sent to the County Clerk of Court in the county of your conviction**. You may call the Clerk directly to receive information regarding account balances or you can view on-line at www.iowacourtsonline.org.

In addition to the monies owed to the Clerk of Court, Section 905.14 of the Code of Iowa mandates that you pay a **\$300** supervision fee to our Department. **You have 180 days from sentencing to pay this fee**. Payments in the form of Money Order, Cashier's Check, Cash, Debit or Credit Card may be made at any of our offices or mailed to 1315 North Court, Ottumwa, Iowa 52501. If mailed, please include your Name, Date of Birth, and Social Security Number.

ADDRESS CHANGES

If your address changes you must notify Jeanna Pierce within 72 hours and include: Name, Date of Birth, Social Security Number, Street Address, City, State, Zip Code and Phone Number.

If you have any questions, you may contact Jeanna Pierce at (641) 682-8383 x 255. Additional forms and information can be found at <http://www.8thjdcbc.com/Offender%20Services>.

OUR MISSION IS TO PROTECT THE PUBLIC, STAFF, AND THE OFFENDERS

IMPORTANT: Within 72 hours of receiving, you must complete this form and send it to:

**Department of Correctional Services
Low Risk Program, Attention: Jeanna Pierce
1315 North Court St.
Ottumwa, IA 52501**

Name: _____ Male: ____ Female: ____

Date of Birth: _____ Place of Birth: _____

Social Security No.: _____ Ph. Number(s): Home: _____ Cell: _____

Street Address: _____

City, State and Zip: _____

County of Conviction: _____ Cause Number: _____

Current Employer: _____

Employer Address: _____

Employer Phone: (____) _____ - _____

Employment Start Date: _____

Check Status:

Citizenship: US Citizen: Legal Res Alien: Illegal Alien: Other: _____

Race: White Black American Indian or Alaska Native Asian or Pacific Islander

Ethnic Origin: Hispanic Non-Hispanic

Height: _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

I hereby certify that the information contained above is true to the best of my knowledge.

X _____
Signature

Date