

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
UNIFORM CONDITIONS OF SUPERVISED PROBATION

Clerk of the Superior Court
*** Electronically Filed ***
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State of Arizona
VS.
Arlena M Willes

MARICOPA COUNTY DIVISION: CRJ26
CR2019-005397-001 DT

PID # AZ26368901

ARS §13-901.01 N/A

OFFENSES:

Count 002 ARS §13-3623A1 CHILD/VUL ADULT ABUSE- F2
INTENT

The Court is suspending imposition or execution of sentence and, under the supervision of the Adult Probation Department (APD),

PLACING the defendant on probation for a period of **10.00** Years
to begin on **7/26/2021**

I AGREE TO THE FOLLOWING AS CONDITIONS OF THE SUSPENSION OR THE IMPOSITION OR EXECUTION OF SENTENCE (Conditions Checked Also Apply)

LAW ABIDING BEHAVIOR

1. I will maintain a crime-free lifestyle, by obeying all laws, and not engaging or participating in any criminal activity.
2. I will not possess or control any stun guns, tasers, firearms, ammunition, deadly, or prohibited weapons as defined in A.R.S. §13-3101.
3. I will report any contact I have with law enforcement to the APD within 72 hours.
4. I will submit to search and seizure of person and property by the APD without a search warrant.
5. If deported or processed through voluntary departure, I will not return to the United States without legal authorization during the term of my probation. If I am deported or processed through voluntary departure, all conditions remain in effect.

REPORTING TO APD

6. I will report to the APD within 72 hours of sentencing, absolute discharge from prison, release from incarceration, or residential treatment and continue to report as directed. I will also keep APD advised of progress toward case plan goals and comply with any written directive of the APD to enforce compliance with the conditions of probation. I will provide a sample for DNA testing if required by law.

RESIDENCE

7. I will provide the APD safe, unrestricted access to my residence and receive prior approval of the APD before changing my residence. I will reside in a residence approved by the APD.
8. I will request and obtain written permission of the APD prior to leaving the state.
10. I may apply for an Inter-County transfer and will not proceed to that County until APD issues written authorization.

TREATMENT/BEHAVIOR CHANGE/PRO-SOCIAL ACTIVITIES

11. I will actively participate and cooperate in any program of counseling or assistance as determined by APD, or as required by law, given assessment results and/or my behavior. I will sign any release or consent required by the APD so the APD can exchange information in relation to my treatment, behavior and activities.
12. I will not possess or use illegal drugs or controlled substances and will submit to drug and alcohol testing as directed by the APD.
13. I will obtain written approval of the APD prior to associating with anyone I know who has a criminal record. I will not knowingly associate with any person engaged in criminal behaviors.
14. I will seek, obtain, and maintain employment, if legally permitted to do so, and/or attend school according to my case plan with the APD. I will inform the APD of any changes within 72 hours.
15. I will be financially responsible by paying all restitution, fines, and fees in my case as imposed by the Court. I understand, if I do not pay restitution in full, the Court may extend my probation.

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19. I will not have any contact with the victim(s) in any form, unless approved in writing by the APD.
22. Defendant shall pay costs associated with DNA testing required pursuant to A.R.S. §13-610. Defendant shall participate in a mental health evaluation and any recommended treatment. APO shall a Memo to the Court should the victim begin to reside with Defendant.

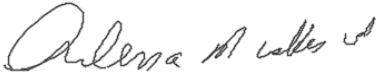
Based upon the defendant's agreement to abide by the Conditions of Supervision set forth, above, as well as my review and approval of such conditions, I hereby impose and order that these conditions are in effect, and the defendant shall comply with said conditions.



Hon. Geoffrey Fish
MARICOPA COUNTY SUPERIOR COURT

07/26/2021
Date

RECEIPT AND ACKNOWLEDGMENT: *I acknowledge receipt of the conditions of probation and any attachments added. I understand that by not abiding by the conditions of probation my probation could be revoked and the Court may sentence me in accordance with the law. In addition, I waive extradition for any probation revocation proceedings in this matter.*



Defendant

07/26/2021
Date

Address **Apt.** **City** **State** **Zip** **Phone**