APPENDIX V

Court Services and Offender Supervision Agency
for the District of Columbia

Office of Community Supervision Services

ACCOUNTABILITY CONTRACT

Offender Name: _____ PDID: _____

I understand that I am responsible for abiding by the conditions of my release as granted by the Superior Court for the District of Columbia, the United States Parole Commission, or _____ (fill in name of appropriate judicial body). Furthermore, I understand that if I violate any of the general or special conditions of my release, fail to report as required by my Community Supervision Officer (including failing to permit my Community Supervision Officer to visit my home), fail to report for drug testing, test positive for illegal drugs, submit an adulterated sample, fail to appear for treatment sessions, or fail to complete inpatient/outpatient treatment programming as required by conditions of my release or as instructed by my Community Supervision Officer, I am subject to the following sanctions or revocation of my probation, parole, or supervised release. In addition, my Community Supervision Officer may, at any time, submit a violation report to the appropriate releasing authority recommending the revocation of my community supervision. These conditions will remain in effect for as long as I am on probation, parole, or supervised release.

Pursuant to 28 C.F.R. §2.85(a)(15) and Part 810, CSOSA has, at its disposal, a range of sanctions to address offender noncompliance. The Schedule of Accountability through Graduated Sanctions attached below represents the sanctions currently deemed appropriate for effectively supervising CSOSA offenders. CSOSA reserves the right to modify the sanctions attached to the offender's Accountability Contract. Offenders are advised that they must accept the graduated sanctions attached to this Accountability Contract pursuant to the Conditions of Release established by the relevant paroling or court authority. Failure to sign this Accountability Contract does not relieve the offender of the obligations contained in this document.

_____

Signature of Offender Date

_____

Signature of Community Supervision Officer (CSOSA) Date