

## PEACE BOND

NAME \_\_\_\_\_

### I. TERM

S.810 C.C. \_\_\_\_\_ MONTH(S)(MAXIMUM TERM 24 MONTHS)

S. 810.1 C.C. \_\_\_\_\_ MONTH(S)(MAXIMUM TERM 24 MONTHS)  
(Fear of Sexual Offence on Person Under 16 Years)

S. 810.1 C.C. \_\_\_\_\_ MONTH(S)(MAXIMUM TERM 24 MONTHS)  
(Fear of Sexual Offence on Person Under 16 Years)

COMMON LAW \_\_\_\_\_ MONTH(S)(MAXIMUM TERM 36 MONTHS)

### II. AMOUNT

\$ \_\_\_\_\_ WITH/WITHOUT DEPOSIT

### III. CONDITIONS

YOU SHALL:

- (a) KEEP THE PEACE & BE OF GOOD BEHAVIOR;
- (b) APPEAR BEFORE THE COURT WHEN REQUIRED TO DO SO BY THE COURT; AND
- (c) NOTIFY THE PROBATION OFFICER IN ADVANCE OF ANY CHANGE OF NAME, ADDRESS OR TELEPHONE NUMBER & PROMPTLY NOTIFY THE PROBATION OFFICER OF ANY CHANGE IN EMPLOYMENT OR CCUPATION.

### IV. REPORTING:

IN ADDITION YOU SHALL:

- (a) REPORT TO A PROBATION OFFICER WITHIN:
  - (i) TWO WORKING DAYS, OR
  - (ii) ON OR BEFORE \_\_\_\_\_BETWEEN THE HOURS OF 8:30 A.M. TO 4:00 P.M.
  - (iii) OR BY 4:00 PM TODAYAND THEREAFTER REPORT WHEN REQUIRED BY THE PROBATION OFFICER AND IN THE MANNER DIRECTED BY THE PROBATION OFFICER;
- (b) ATTEND AND ACTIVELY PARTICIPATE IN SUCH PROGRAM OF ASSESSMENT, COUNSELING OR TREATMENT AS THE COURT IS NOW DIRECTING, OR MAY BE DIRECTED BY YOUR PROBATION OFFICER, INCLUDING ANY RESIDENTIAL TREATMENT PROGRAM, FOR:
  - (i) PSYCHIATRIC/PSYCHOLOGICAL COUNSELING;
  - (ii) ALCOHOL/DRUG ABUSE ISSUES;
  - (iii) FINANCIAL COUNSELING;
  - (iv) INTIMATE PARTNER VIOLENCE;
  - (v) GAMBLING ADDICTION ISSUES;
  - (vi) TRADITIONAL COUNSELING & HEALING SESSIONS, INCLUDING SWEAT LODGE CEREMONIES;
  - (vii) LIFE SKILLS TRAINING;
  - (viii) OTHER: \_\_\_\_\_

AND PROVIDE SATISFACTORY WRITTEN PROOF OF ATTENDANCE & COMPLETION OF THE PROGRAM(S) TO YOUR PROBATION OFFICER BY THE DATE SPECIFIED BY YOUR PROBATION OFFICER INCLUDING ATTENDANCE AT A.A./N.A. MEETINGS IF SO DIRECTED.

IF YOU ARE DIRECTED TO ATTEND A.A./N.A. MEETINGS BY YOUR PROBATION OFFICER, YOU WILL OBTAIN AND PROVIDE THE NAME AND PHONE NUMBER OF YOUR A.A./N.A. SPONSOR, IF YOUR SPONSOR SO CONSENTS, TO OUR PROBATION OFFICER BY THE DATE SPECIFIED BY YOUR PROBATION OFFICER.

- (c) YOU SHALL SIGN A RELEASE OR WAIVER AS REQUESTED BY YOUR PROBATION OFFICER PERMITTING ACCESS TO ANY INFORMATION REQUIRED TO ASSIST IN YOUR SUPERVISION.

**V. PROHIBITIONS**

YOU SHALL NOT:

- (a) HAVE CONTACT OR COMMUNICATION IN ANY MANNER DIRECTLY OR INDIRECTLY WITH \_\_\_\_\_
  - (i) EXCEPT TO ARRANGE ACCESS TO YOUR DEPENDENT CHILDREN THROUGH A MUTUALLY AGREED UPON THIRD PARTY OR BY COURT ORDER; OR
  - (ii) EXCEPT AS MAY BE SPECIFICALLY APPROVED IN ADVANCE BY YOUR PROBATION OFFICER;
- (b) ATTEND AT OR BE WITHIN A \_\_\_\_\_ BLOCK/MILE RADIUS OF THE ADDRESS(ES) OR LOCATION(S) DESCRIBED AS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EXEMPTION:** YOU MAY RETURN TO THE ADDRESS \_\_\_\_\_ ON ONE(1) OCCASION ONLY, IN ORDER TO RETRIEVE PERSONAL PROPERTY, BUT ONLY IF ACCOMPANIED BY POLICE OR A MUTUALLY AGREED UPON THIRD PARTY, ON A DATE AND TIME AGREED UPON BY THE LAWFUL OCCUPANT THEREOF THROUGH THE VICTIM'S ADVOCATE OR THROUGH COUNSEL.

- (c) POSSESS ANY FIREARMS, AMMUNITION OR EXPLOSIVE DEVICES;
- (d) POSSESS ANYTHING THAT IS DESIGNED FOR USE AS A WEAPON, OR ANYTHING INTENDED TO BE USED AS A WEAPON;
- (e) PURCHASE, POSSESS, USE OR CONSUME ALCOHOL, OTHER INTOXICATING SUBSTANCES OR ANY NON-PRESCRIBED CONTROLLED DRUGS OR SUBSTANCES, AS DEFINED BY THE *CONTROLLED DRUGS & SUBSTANCES ACT*; YOU SHALL NOT INHALE INTOXICATING VAPOURS. YOU SHALL NOT PERMIT ANY OF THESE SUBSTANCES TO BE IN YOUR RESIDENCE.
- (f) HAVING ADVISED THIS COURT, PERSONALLY OR THROUGH COUNSEL THAT YOU AGREE TO PROVIDE SAMPLES OF YOUR BREATH, URINE OR BLOOD IN ORDER TO MONITOR COMPLIANCE WITH THE ABSTINENCE CLAUSE ABOVE. YOU SHALL SUPPLY ON DEMAND, TO YOUR PROBATION OFFICER OR A PEACE OFFICER, A SAMPLE OF YOUR BREATH, URINE OR BLOOD, IF YOUR PROBATION OFFICER OR A PEACE OFFICER REASONABLY SUSPECTS THAT YOU HAVE FAILED TO COMPLY WITH SUBSECTION (e) OR FOR THE PURPOSE OF RANDOM TESTING.
- (g) ENTER OR BE FOUND IN ANY PREMISES WHOSE PRIMARY PURPOSE IS GAMBLING OR THE RETAIL SALES OF ALCOHOLIC BEVERAGES;
- (h) YOU SHALL REMAIN UNDER THE CARE OF A MEDICAL PHYSICIAN OR THE PHYSICIAN'S DELEGATE OR A PHARMACIST & FOLLOW THEIR INSTRUCTIONS, INCLUDING THE TAKING OF PRESCRIPTION MEDICATION ONLY IN THE MANNER & AMOUNT PRESCRIBED.

**VI. OTHER CONDITIONS**

- (a) YOU SHALL PROVIDE FOR THE SUPPORT OF ANY DEPENDENTS;
- (b) \_\_\_\_\_
- (c) \_\_\_\_\_
- (d) \_\_\_\_\_