

ORDER OF PROBATION

State v. Caden Peck

Case Number 23-ND-CH 002689

Disposition SIS

Probation Term 5 yrs

Supervision

- ☒ Not violate any state or federal criminal law nor any penal ordinance of any county or municipality nor any infraction offense
- ☒ Standard conditions of ☐ Northwest Court Services ☐ Private Probation Services ☒ Probation and Parole ☐ St. Joseph Safety Council
- ☐ Northland Dependency Services ☐ Midwest ADP ☐ Court ☐ Document
- ☒ Provide proof of enrollment with probation officer to the Court by 5 p.m. on the date of this Order noted below. [Court phone: (660) 582-2531]
- ☒ Notify Probation Officer and Court of change of residency within forty-eight (48) hours
- ☒ Pay Probation Officer supervision fees and all other fees associated with the probation directives

Special Conditions (All Directives shall be at Defendant's expense)

Checks

- ☐ a. Not pass any insufficient funds, closed account or other bad check
- ☐ b. Not have a checking account or write any check
- ☐ c. Pay restitution on outstanding checks, including service charge, made payable to _____ in the amount of _____ by money order only to the Prosecuting Attorney's Office, 305 N. Main, Maryville 64468 (660) 582-8285
- ☐ d. Pay State bad check fee to Prosecuting Attorney's Office of _____ (This is NOT the restitution owed to the victim/merchant.)
- ☐ e. Complete a check management program by _____ [(660) 582-8804 Maryville; (816) 233-3330 St. Joseph]

Alcohol/Drugs

- ☐ f. Not possess or consume any alcoholic beverages
- ☐ g. Not be in any place of business whose principal occupation is the sale or dispensing of alcoholic beverages
- ☐ h. Successfully complete SATOP or comparable program by _____ and provide written proof to Probation Officer and Court; **John Sutherland Counseling:** 582-1143 (Maryville); 816-233-5343 (St. Joseph); **Family Guidance:** 582-3139 (Maryville); 816-364-6720 (St. Joseph); **St. Joseph Safety Council:** 816-233-3330
- ☐ i. Successfully complete a substance abuse evaluation/in-patient/out-patient treatment program approved by probation officer no later than 5 days from this Order's date noted below and follow all aftercare/directives [**New Beginnings Counseling Center, LLC**, 318 N. Main, Maryville, 660-562-3000]; **Family Guidance:** 660-582-3139
- ☐ j. Not operate a motor vehicle unless lawfully licensed
- ☐ k. Not operate any motor vehicle unless equipped with a functioning, certified ignition interlock device
- ☐ l. Maintain SCRAM alcohol detection device _____ and abide by all terms and conditions thereof. Provide proof of enrollment in the SCRAM system to probation officer by _____ [(816) 390-3373] and pay all fees for SCRAM supervision
- ☐ m. Attend _____ AA/NA meetings per week and provide proof to probation officer
- ☐ n. Complete Midwest Victim Impact Program by _____ [(816) 640-5883 or (866) 686-8681]
- ☐ o. Sign consent form to allow treatment provider to communicate with the Court, Probation Officer, and Prosecuting Attorney about all treatment information including attendance or lack thereof, test results, successful or unsuccessful termination of treatment, all at Defendant's expense

Psychiatric

- ☐ p. Successfully complete a mental health evaluation no later than 5 days from this Order's date noted below, following all aftercare directives of the treatment provider and provide proof of compliance of this directive to the Court and Probation Officer [**New Beginnings Counseling** 660-562-3000]

Violence

- ☐ q. Successfully complete a violence assessment no later than 5 days from this Order's date noted below, following all aftercare directives of the treatment provider and provide proof of compliance of this directive to the Court and Probation Officer [**New Beginnings Counseling** 660-562-3000]

Public Service Work

- ☐ r. Complete _____ hours of public service work and provide written proof to the Court and Probation Officer by _____

Jail

- ☒ s. Serve 19 days in jail as shock time at defendant's cost, to be served by credit time served.

Restitution (Not Bad Checks)

- ☐ t. Pay restitution to _____ in the amount of _____ by _____ by money order only, made payable to the victim, and delivered to the Prosecuting Attorney's Office, 305 N. Main, Room 200, Maryville, MO 64468
- ☐ u. All restitution to bear interest of nine percent (9%) per annum from _____
- ☐ v. Pay to the Prosecuting Attorney's Office by money order only, the Administrative Handling Cost of _____ by _____ 305 North Main, Room 200, Maryville, MO 64468.

Costs

- ☒ w. Pay all fines, court costs, CVCF, jail costs, and public defender fees by 130 days or payment plan max 4000.
- ☐ x. Pay all fines, court costs, CVCF, jail costs, and public defender fees through the Court at the rate of _____ commencing on _____ and the _____ day of each month thereafter until satisfied.

- ☐ y. **REAPPEAR BEFORE THE COURT ON** _____ to show cause why costs, restitution and fees have not been paid in full

Other Special Conditions

- ☐ z. Abide by the following special conditions of probation as listed in the sentencing assessment report: _____

Caden Peck
Defendant

8-28-23
Date

IT IS SO ORDERED THIS DATE.

[Signature]
Judge