

BEFORE THE BOARD OF PAROLE OF THE STATE OF IOWA

<p>IN THE MATTER OF PAROLE OF - Mouse, Mickey</p>	<p>PAROLE ORDER & AGREEMENT</p>
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PAROLE ORDER

You are hereby notified that the Iowa Board of Parole, pursuant to chapter 906 of the Iowa Code, considered your prospects for parole and work release on April 24, 2026.

The Iowa Board of Parole granted you a parole. You will be processed for the release on or after April 24, 2026 pursuant to the rules and procedures of the Iowa Department of Corrections. You will not be released until the Department of Correctional Services approves your parole plan and until you agree to and sign the terms and conditions of your parole. The Board of Parole may rescind your parole prior to your release if institutional misconduct or adverse information not previously considered is brought to the attention of the Board.

You are subject to the supervision of the supervising District Department of Correctional Services while you are on parole until your discharge date unless earlier discharged. You are required to comply with the terms and conditions of parole established by the Board of Parole, the Department of Corrections, the District Department of Correctional Services and the laws, rules and regulations of the United States, the State of Iowa, and each individual state, municipality and local governmental entity as appropriate. Failure to comply with any State, Federal or local law, regulation or ordinance, and/or any of the conditions of parole may result in the revocation of your parole.

PAROLE AGREEMENT TERMS AND CONDITIONS

The following are the standard terms and conditions that you agree to comply with while you are on parole and you agree to comply with any additional conditions that may be added during the course of your supervision by your supervising officer or the Board of Parole:

10: Restrictions on Movement

I shall report immediately to the supervising officer in the district designated to my parole instructions. I will reside at the place designated in my parole instructions and shall not change residence until I receive prior approval from the supervising District Director or Director's designee. I will obey any curfew restrictions placed upon me by supervising officer. I shall not leave the state where I am being supervised until I receive permission to travel from my supervising District Director or Director's designee. _____

20: Supervision Conduct

I shall maintain contact with my supervising officer as directed I shall use my true name in all dealings. I shall follow all conditions that can and may be placed on my parole by the Board of Parole and any additional conditions that can be added by my supervising District Director or Director's designee at any time during my supervision. _____

30: Interactions with Victims and Others

I shall not associate with individuals who are engaging in criminal activity or who my supervising officer has identified as being detrimental to my rehabilitation. I shall treat all persons with respect and courtesy and refrain from assaultive, intimidating, or threatening verbal or physical abuse. I shall have no direct or indirect contact or communication with any victim or the family of any victim* of my offense(s), until contact or communication with any victim or the family of any victim is authorized by my supervising District Director or Director's designee. _____

40: Treatment, Rehabilitation & Other Programming

I shall participate and cooperate with any treatment, rehabilitation, educational, or monitoring programs including any electronic monitoring required by the district in which I am being supervised. I shall submit a DNA sample if requested by my supervising officer. I shall schedule and keep all appointments necessary for the successful completion of programs and services in which I am participating and for the successful completion of my parole supervision. I shall sign any release or waiver requested by my parole officer to authorize my parole officer to receive and access any

information relating to any treatment program or otherwise as requested by my parole officer. _____

50: Substance Abuse

I will not use, ingest, inject, huff, possess, or smoke any illegal or synthetic substances and shall submit to drug tests when directed by my supervising officer. I shall not use, purchase, possess or transfer any drugs unless prescribed to me by a physician. _____

60: Legal Conduct

I shall obey all laws and ordinances. I shall notify a parole officer within 24 hours if I am arrested, receive a citation, or if I am detained, stopped, or questioned by law enforcement. I shall not own, possess, use, or transport firearms, dangerous weapons, or imitations thereof, unless approved by my supervising officer. I will submit my person, property, place of residence, vehicle, and personal effects to search at any time, with or without a search warrant, warrant of arrest, or reasonable cause by any parole officer. I waive extradition to the State of Iowa from any jurisdiction in or outside the United States (including Indian Reservation or Indian Trust Land) and also agree that I will not contest any effort by any jurisdiction to return me to the State of Iowa. _____

70: Employment

I shall work with my supervising officer to address any barriers, including, but not limited to, issues with mental health, substance use, medical issues, or other logistical issues I have that prevent me from becoming gainfully employed. When my supervising officer believes I have made meaningful progress towards addressing these barriers, I shall secure and maintain employment. If I lose employment, I will job seek and work to secure and maintain employment as soon as possible. I will notify my supervising officer if I change or lose employment. If I am receiving disability or retirement benefits and/or my supervising officers determines I am unable to secure employment, I will participate in other pro-social activities in consultation with my supervision officer. I shall pay restitution as required per Iowa Chapter 910. _____

I hereby certify that I have read or have had read to me the above parole order and agreement as I have indicated with my initials on each condition. I understand and agree that the parole order and agreement is in effect until I am discharged from parole. I understand that entering into informant activity with any law enforcement agency will not excuse violations of the terms and conditions of parole. I am aware that I may file grievances concerning actions taken in the supervision of my parole.

Signed and witnessed this _____ day of _____, _____.

Parolee's Signature

Warden's or Designee's

Parole Officer's Signature

Renee Schulte, Chair
Iowa Board of Parole

** The victim's family includes spouse, child, parents, siblings, step-parents, step-children, step-siblings, and/or any legal guardian, aunts and uncles as well as their children, grandparents, and grandchildren.*