



DESCHUTES COUNTY SHERIFF'S OFFICE

FOR THE COUNTY OF DESCHUTES

THIRD PARTY SUPERVISION AGREEMENT

I agree to supervise and be responsible for the person below. I agree to take the person named below to a safe location and not allow the person to operate a motor vehicle for the next eight (8) hours.

DATED this _____ day of _____, 2020.

Suspect

Signature, Third Party Supervisor

Suspect Address

Address

Suspect Date of Birth

Phone Number

Printed Name

Citation Number: _____