ORDER OF PRETRIAL CONDITIONS OF RELEASE

DOCKET No(s): 2567CR1021

MASSACHUSETTS TRIAL COURT

DEFENDANT'S NAME & ADDRESS
Arlene Kutzko
[redacted]
Southbridge MA 01772

PCF No. 5691420

Court Department: District Court
Court: Westborough District Court

FAILURE TO OBEY THIS ORDER MAY RESULT IN YOUR ARREST AND INCARCERATION

TO THE DEFENDANT: It is hereby **ORDERED** that you must comply with all **PRETRIAL CONDITIONS OF RELEASE** that are checked or filled in below pursuant to:

- ☐ **G.L. c. 276, § 57, ¶ 2** (Superior Court pretrial conditions of release in cases alleging domestic violence)
- ☐ **G.L. c. 276, § 58** (specified restrictions on personal association or conduct, or in cases alleging domestic violence, to ensure the safety of the alleged victim, any other individual or the community)
- ☐ **G.L. c. 276, § 42A** (in cases alleging domestic violence, reasonable restrictions on the travel, association, or place of abode of the defendant, as will prevent contact with the person allegedly abused)
- ☐ **G.L. c. 276, § 87** (pretrial conditions of release with the defendant's consent; distinguished from pretrial probation as a conditional disposition)
- ☒ **G.L. c. 276, § 87** (conditions of release with the defendant's consent as a conditional disposition) **End Date:** 12/15/26

☒ OBEY all local, state, and federal laws and court orders, including abuse and harassment prevention orders and support orders.
☒ NOTIFY the probation department immediately if you change your residence, mailing address, or contact information.
☒ MAKE NO FALSE STATEMENTS to any officer of the court.
☐ DO NOT LEAVE MASSACHUSETTS unless you get the express permission of the court and sign a waiver of rendition.
☐ SURRENDER ALL PASSPORTS AND PASSPORT ID CARDS to the court prior to release and do not seek a replacement.
☐ REFRAIN FROM POSSESSION of any firearms, rifles, shotguns, destructive devices, or dangerous weapons.
☒ REFRAIN FROM ABUSE and/or HARASSMENT of: _____
☒ HAVE NO CONTACT, direct or indirect, with: _____
☒ STAY (distance): 100 yds. AWAY FROM: AV
☐ STAY AWAY FROM (address): _____
☐ RESIDE ☐ in/at: _____ ☐ with: _____
☐ TAKE MEDICATION as prescribed by licensed medical provider.
☐ DO NOT OPERATE a motor vehicle ☐ SURRENDER your driver's license to the court by _____ and do not seek a replacement.
☐ REFRAIN FROM ☐ ILLEGAL DRUGS ☐ RECREATIONAL MARIJUANA ☐ ALCOHOL

☐ SUBMIT TO RANDOM TESTING or ☐ TESTING ___ times per _____
☐ SIGN RELEASES to verify your compliance with terms of this order and provide verification as directed by probation.
☐ REPORT TO THE PROBATION DEPARTMENT as directed by probation and/or as ordered below:
☐ by phone ☐ in person ___ times per week
☐ ATTEND and verify to your probation officer ___ meetings per week of ☐ Recovery/AA/NA ☐ _____
☐ COOPERATE in a ☐ Mental Health ☐ Substance Use Disorder evaluation and any recommended treatment
☐ Comply with REMOTE ALCOHOL BREATH TESTING.
☐ Comply with ELECTRONIC MONITORING ☐ EXCLUSION ZONE(S): _____
☐ HOME CONFINEMENT ☐ CURFEW: _____ ☐ OTHER: _____
☐ PARTICIPATE in: _____ program and verify completion to probation by (date) _____
☐ PARTICIPATE in ☐ Pretrial Services (§§ 57, 58, 58A only) or ☐ Treatment (with def. consent) _____ at CCC
☒ OTHER CONDITIONS: Abide by RO

DEFENDANT ACKNOWLEDGEMENT OF ORDER

SIGNATURE OF DEFENDANT: I have read and understood these conditions. (If applicable: I consent to programming at Community Corrections and to conditions imposed under *G.L. c. 276, § 87.*) I understand if I violate any condition, it may result in my arrest and incarceration, and the revocation of my release.

X [signature] DATE: Dec. 18, 2025

INTERPRETER'S SIGNATURE, if any

I have translated the terms of this Order, and the acknowledgement set forth to the left, to the defendant prior to his/her signature.

X _____ DATE: _____

ASSOCIATE PROBATION OFFICER'S SIGNATURE AS WITNESS

X [signature] DATE: 12/18/25

JUDGE'S SIGNATURE

X [signature] DATE: 12/18/25

10/22/2019