

**ORDER OF PRETRIAL
CONDITIONS OF RELEASE**

DOCKET No(s)

2567CR 139

MASSACHUSETTS TRIAL COURT



DEFENDANT'S NAME & ADDRESS

Joseph Kutsko
Sunderland, MA 01772

PCF No.

2401367

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: A.V.☐ 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: Anger Management 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

INTERPRETER'S SIGNATURE, if any

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

DATE:

12/18/25

X

DATE:

(ASSOCIATE PROBATION OFFICER'S SIGNATURE AS WITNESS)

JUDGE'S SIGNATURE

X

DATE:

12/18/25

X

DATE:

12/18/25