IDAHO DEPARTMENT OF CORRECTION
Sex Offender Informed Consent for Visitation with Minors

Offender's Information

Offender's name: _____ IDOC#: _____

Conviction history: _____

_____

Age of victim(s): _____

Person who has Legal Parental Rights
Statement of Understanding and Agreement

My Minor Child's Name	*Date of Birth*	*My Minor Child's Name*	*Date of Birth*
_____	_____	_____	_____
_____	_____	_____	_____

My Current Home Address: _____
Street City State Zip

My Current Phone Numbers: _____ _____ _____
Home Cell Other

In preparation of _____'s (**hereinafter referred to as 'the offender'**) contact with my minor child/children, I have been informed of **the offender's** conviction history **and** the age of the victim(s).

I understand that the offender is in a treatment program and has earned the privilege of having contact with my minor child/children. I also understand that although the offender is involved in treatment, it is possible for the offender to reoffend.

I agree to help the offender avoid any physical contact with my minor child/children. I also agree that under no circumstances will my minor child/children ever be left alone with the offender (this includes being left alone in an automobile or room).

Based on the information given to me about the offender's conviction history and the age(s) of the victim(s), I hereby give my informed consent for my minor child/children to have contact with the offender. I understand that a copy of this form will be provided to the offender's supervising probation and parole officer (PPO).

Furthermore, I understand that this form does not give or imply permission for the offender to have contact (supervised or unsupervised) with any other minors. I also understand that any contact the offender has with minors, including my minor child/children, must be approved by the offender's supervising PPO **and** treatment provider.

_____
Parent's Printed Name

_____ _____
Parent's Signature Date

IDOC Approval

_____ Approved ☐ Denied ☐
PPO's Printed Name

_____ _____
PPO's Signature Date

_____ Approved ☐ Denied ☐
District Manager's (or Designee's) Printed Name

_____ _____
District Manager's (or Designee's) Signature Date