

IDAHO DEPARTMENT OF CORRECTION
Sex Offender Agreement of Supervision

- ____1. I will not purchase, produce, possess, or view any media material (pictures, magazines, books, videotapes, or movies) that acts as a stimulus for my sexual behavior, nor will I possess or view any materials containing male or female nudity. I will not be present where such material is available.
- ____2. I will not subscribe to, use, nor have access to, Internet service, including e-mail or any other Internet material without permission from my supervising probation and parole officer (PPO) and sex offender treatment provider. I will not use any form of password-protected files, or other methods that might limit access to, or change the appearance of data images or other computer files without prior written approval from my supervising PPO.
- ____3. I will not engage in any illegal sexual activity as defined by state of Idaho law.
- ____4. I will not engage in any deviant behaviors including but not limited to: sadomasochism, bestiality, phone sex, cross dressing, clothing fetish, voyeurism, exhibitionism, public masturbation, or frottage.
- ____5. I will reside in a place approved by my supervising PPO, and I will not move until my supervising PPO has approved a new place of residence.
- ____6. I will abide by all travel restrictions as imposed by my supervising PPO, and I will not leave the district of my residence for a social or recreational reason without approval of my supervising PPO. My district of residence is _____. Permission to leave either the district or the state of Idaho is required in writing from my supervising PPO.
- ____7. I will not initiate, maintain, or establish contact with any person, male, or female, under the age of 18 years, without the presence of an approved chaperone. The chaperone must be over the age of 21 and be approved by both my supervising PPO and sex offender treatment provider.
- ____8. I will not form or unite in a romantic interest or sexual relationship with a woman/man until my supervising PPO and sex offender treatment provider determine that the individual is able to give effective consent. I will introduce this person to my supervising PPO and sex offender treatment provider for approval. Sexual activity is defined as sexually oriented verbal/nonverbal communication, and any form of romantic, erotic, exciting or sexually arousing touch, including kissing, oral, manual, genital, or body contact of any kind.
- ____9. I will not form an intimate relationship with a man/woman who has physical or shared custody of a child(ren) under the age of 18 years, nor will I reside or stay at a residence where minor children frequent or reside, except as approved by my supervising PPO and sex offender treatment provider. Intimate relations are defined as a relationship with another person that involves some level of romantic, erotic, exciting, or sexually arousing feelings on my or the other person's part.
- ____10. I will observe curfew restrictions as directed by my supervising PPO.
- ____11. I will not have any direct or indirect contact with my past or present victim(s) without the approval of my supervising PPO and sex offender treatment provider.
- ____12. I will not live near, frequent, loiter, or go near places where minors or victims of choice congregate (e.g., parks, playgrounds, schools, video arcades, swimming pools, special events) or any other risky areas as identified by my supervising PPO such as _____. A request for exception must be submitted on an activity permission form, and approved in writing by my supervising PPO.
- ____13. I agree to obtain a specialized sex offender evaluation. The evaluator and my sex offender treatment provider must be clinical members of the Association for the Treatment of Sexual Abusers (ATSA), and approved by my supervising PPO. I will comply with all requirements of the treatment program and actively participate in treatment until discharge is recommended mutually by the sex offender treatment provider and my supervising PPO.
- ____14. I will provide complete and truthful information to any psychological and/or physiological assessment when requested by either my supervising PPO or sex offender treatment provider.
- ____15. I agree to sign any 'release of information' form that allows my supervising PPO to communicate with professionals involved in my treatment program.
- ____16. I will not change treatment programs without prior approval of my supervising PPO.
- ____17. I agree to pay financial obligations incurred for my counseling and treatment.
- ____18. I will remain gainfully employed and will obtain approval from my supervising PPO to begin new employment or change existing employment.

- ____19. I will inform my current or potential employer of my crime(s).
 - ____20. I will immediately notify my supervising PPO if I am terminated or dismissed from work for any reason.
 - ____21. I will participate and comply with the Electronic Monitoring Program Agreement of Supervision or a daily schedule if requested by my supervising PPO.
 - ____22. I will comply with all sex offender registration and DNA procedures as required by state of Idaho law.
 - ____23. I understand that the Idaho Department of Correction (IDOC) may advise my neighbors, employers, and other concerned parties of my conviction and supervision status.
 - ____24. SPECIAL CONDITIONS: _____
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I have read, or have had read to me, the above terms, and I agree to abide by them for the duration of my probation or parole supervision.

Offender's Signature: _____ Date: _____

PPO's Signature: _____ Date: _____