

**SUPERVISION REPORT FOR PERSONS CHARGED
WITH SEXUAL OFFENSES**

Name: _____ Officer: _____

Date: _____

This form is to be completed as directed by your supervising officer.

1. Have you complied with the sex offender registration procedures, if applicable? () Yes () No () NA

The last time you report to the registration authority: _____

Location: _____

2. Have you stayed overnight anywhere other than at your reported residence? () Yes () No () NA

If yes, list the address, name, and ages (date of birth) of all other occupants of that residence, and explain:

3. Have you been near or spoken to anyone who was or appeared to be under the age of 18 whom you have not reported to your officer and treatment provider? () Yes () No

If yes, explain: _____

4. Have been alone with anyone under the age of 18 whom you have not reported to your officer and treatment provider? () Yes () No

If yes, provide dates and name of minor: _____

5. Have you had contact with anyone under the age of 18, in the presence of a responsible adult, that you have not report to your officer and treatment provider? () Yes () No

If yes, provide date, name of minor and name of the responsible adult present:

6. Have you consumed any alcohol? () Yes () No

7. Since your last monthly report have you obtained any new internet capable devices? () Yes () No.

If yes, please list type of device and passwords for each device:

8. Have you maintained or created an email address, Facebook, Instagram, Twitter, or any other social network account? Yes No

If yes, list your user names and passwords for these accounts:

9. Have you had any unauthorized access to the Internet, or has someone else accessed the Internet on your behalf? Yes No

10. Do you have Internet access at your employment? Yes No

If yes, is your supervisor aware of your restrictions? Yes No

11. Have you viewed any pornography? Yes No

12. Have you entered any adult sex shops, adult video/bookstores, massage parlors, topless or nude bars or clubs, or used any sexually-related telephone services? Yes No

13. Have you taken any medication since your last monthly report? Yes No

If yes, please provide the name of the medicate, the prescribing medical professional, and the reason or taking the medication:

14. Have you entered into or maintained an intimate relationship since you completed your last monthly supervision report? Yes No

The person's name and date of birth: _____

Specifically, what have you told this person about your criminal and/or sexual history, and how has he or she responded? _____

Does this person have children: Yes No

If yes, do those children have contact with this person? Yes No

15. What did you do for fun or relaxation since you completed your last monthly supervision report? Explain where and with whom. _____

16. Who are the important people in your Life? List: _____

My signature below affirms that all of the information I have provided in response to questions 1 – 12 is true and correct.

Defendant/Offender Signature _____

Date: _____

Reviewed by USPSO or USPO _____

Date: _____