

## SUPERVISION REPORT FOR PERSONS CHARGED WITH OR CONVICTED OF SEX OFFENSES

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

Name: \_\_\_\_\_ Month of: \_\_\_\_\_

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

b. The last time you reported to the registration authority:

c. Location: \_\_\_\_\_  
\_\_\_\_\_

---

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

b. If yes, list the address, name, and ages (dates of birth) of all other occupants of that residence, and explain the circumstances:  
\_\_\_\_\_  
\_\_\_\_\_

---

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/or treatment provider?  Yes  No

---

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

b. If yes, provide dates and names:  
\_\_\_\_\_  
\_\_\_\_\_

---

5. Have you consumed any alcohol?  Yes  No

---

6a. Have you maintained or created an e-mail address, Facebook, MySpace, Twitter, or any other social network account?  Yes  No

b. If yes, list your user names and passwords for these accounts:  
\_\_\_\_\_  
\_\_\_\_\_

---

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

---

8a. Do you have Internet access at your employment?  Yes  No

b. Name of Supervisor: \_\_\_\_\_

c. Phone: \_\_\_\_\_

---

9. Have you viewed any pornography?  Yes  No

---

## SUPERVISION REPORT FOR PERSONS CHARGED WITH OR CONVICTED OF SEX OFFENSES

10. 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

---

11a. Have you taken any medication since your last monthly report?  Yes  No

b. If yes, please provide the name of the medication, the prescribing medical professional, and the reason for taking the medication: \_\_\_\_\_

---

12a. Have you entered into or maintained an intimate relationship since you completed your last monthly supervision report?  Yes  No

b. This person's name and date of birth: \_\_\_\_\_

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

d. Does this person have children?  Yes  No

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

---

13. Read all of the choices below, and select the ONE that best describes your thoughts about sexual activity since you completed your last monthly supervision report.

- \_\_\_\_\_ I have had NO sexual thoughts or interests.
  - \_\_\_\_\_ I seldom have had any sexual thoughts or interests.
  - \_\_\_\_\_ I often have had sexual thoughts, but I manage them adequately.
  - \_\_\_\_\_ I have had sexual thoughts that sometimes interfere with getting things done.
  - \_\_\_\_\_ I have been thinking about sex too much, and I need to get it under control.
  - \_\_\_\_\_ I have been thinking about sex constantly, and I need help to regain control.
- 

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

---

15. 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. I further understand that any false statement may result in revocation of supervision and up to 5 years in prison, a \$250,000 fine, or both. 18 U.S.C. § 1001.

Defendant's/Offender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by USPSO or USPO: \_\_\_\_\_ Date: \_\_\_\_\_