

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: _____
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- 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: _____
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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
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- 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: _____
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5. Have you consumed any alcohol? Yes No
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- 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: _____
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7. Have you had any unauthorized access to the Internet, or has someone else accessed the Internet on your behalf? Yes No
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- 8a. Do you have Internet access at your employment? Yes No
- b. Name of Supervisor: _____
- c. Phone: _____
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9. Have you viewed any pornography? Yes No
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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
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- 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: _____
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- 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
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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.
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14. What did you do for fun or relaxation since you completed your last monthly supervision report? Explain where and with whom. _____
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15. Who are the important people in your life? List: _____
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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: _____