

**IDAHO DEPARTMENT OF CORRECTION  
Sex Offender Caution Request Form**

**Offender Information**

Offender's Name: \_\_\_\_\_

IDOC #: \_\_\_\_\_

Facility: \_\_\_\_\_

**Caution Information**

Initiator's Name: \_\_\_\_\_

In accordance with standard operating procedure 322.02.01.003, *Holds, Cautions, Concerns, and Considerations: Offender*, I am requesting the following sex offender caution on the above named offender:

Registerable Sex Offender

Violent Sexual Predator

Sex Offender Past History

Caution Start Date: \_\_\_\_\_

Caution End Date: \_\_\_\_\_

Comments:

When completed, email this form to the appropriate facilitator per SOP 322.02.01.003.

\_\_\_\_\_

**Facilitator Use Only**

Comments (if needed):

CIS data entry completed by: \_\_\_\_\_  
(Print Name)

Date: \_\_\_\_\_