

**IDAHO DEPARTMENT OF CORRECTION**  
Sex Offender Supervision Agreement

Defendant Name: \_\_\_\_\_ Case Number(s): \_\_\_\_\_

Below are the terms and conditions of supervision requested by the Idaho Department of Correction (IDOC). These conditions are provided to you at sentencing. Your initials acknowledge your understanding of each condition(s) listed below.

1. \_\_\_\_\_ I will comply with the sex offender registration requirements of Idaho Code Title 18, Chapter 83.
2. \_\_\_\_\_ I agree to obtain a specialized sex offender evaluation. The evaluator and my Sex Offender Treatment Provider (SOTP) must be on the approved Sex Offender Management Board provider list. I will comply with all requirements of the treatment program and actively participate in treatment, including following provider instructions regarding possession or viewing of any material (e.g., pictures, movies, websites) that act as a stimulus for my sexual behavior and guidance around entering into appropriate romantic or sexual relationships. I will not change treatment programs without prior approval of my supervising Probation/Parole Officer (PPO).
3. \_\_\_\_\_ I agree to pay the financial obligations incurred for my counseling and treatment.
4. \_\_\_\_\_ If my instant offense was internet related, or as instructed by my supervising officer, I will not subscribe to, use, nor have access to internet service, including e-mail or any other internet material without the permission of my supervising PPO and SOTP. 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.
5. \_\_\_\_\_ I will not engage in illegal sexual behavior.
6. \_\_\_\_\_ If required by the facts of my instant offense, psycho-sexual evaluation, or as directed by my supervising officer, I will not form an intimate relationship with any person who has physical or shared custody of a child(ren) under 18 years of age, nor will I reside or stay at a residence where minor children frequent or reside, except as approved by my supervising PPO and SOTP. I will further not initiate, maintain, or establish contact with any person under 18 years of age.
7. \_\_\_\_\_ As directed by my supervising officer and treatment provider, 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, daycares, libraries, churches, special events) or any other risky areas as identified by my supervising PPO consistent with statewide restrictions. A request for exception must be submitted on a *Sex Offender Supervision Activity Request* and approved in writing by my supervising PPO.
8. \_\_\_\_\_ I will provide complete and truthful information for any psychological and/or physiological assessment that is conducted at the request of my supervising PPO or SOTP.

\_\_\_\_\_  
Supervised Client Signature

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

\_\_\_\_\_  
Supervised Client Name (printed)

\_\_\_\_\_  
Witness Signature

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

\_\_\_\_\_  
Witness Name (printed)