

**IDAHO DEPARTMENT OF CORRECTION  
Sex Offender Supervision Activity Request**

**Offender Information**

Name (Last)	(First)	IDOC#	Supervising PPO
Address	Phone	Crime of Conviction	Treatment Provider
Treatment Fee Balance	COS Balance	Child Support Balance	Restitution Balance

**Polygraph History**

Sentencing and/or Parole Date:	Full Disclosure Date:	Maintenance Date:	Last Compliance Date:
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**Activity Information**

Begin Date:	Location Name, Address, and Phone #:	Chaperone:
End Date:		
Purpose of activities (or describe the activities):		
Method of travel:		
Who will be at the location?		
Who will have knowledge of your crime?		
Is there any potential your victim will be present?		
Is there any potential for unplanned contact with minors?		
Comments:		

**Treatment Provider's Approval**

Are the polygraph and fee balance information shown above correct? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Sex Offender Supervision Activity Request Safety Plan complete and appropriate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the chaperone appropriate for this activity? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the offender missed appointments or assignments in the last 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Comments:		Treatment Provider's Signature:	

**IDOC Approval**

Supervising PPO Comments: _____ _____	District Manager (or designee) Comments: _____ _____
Classification level: _____	Classification level: _____
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Approved <input type="checkbox"/> Denied <input type="checkbox"/>
Supervising PPO's Signature and Date:	District Manager's (or designee's) Signature and Date: