

**Sex Offender Supervision Compliance Monthly Report Form**

Yamhill County Department of Community Justice

615 NE 6<sup>th</sup>, McMinnville, Or. 97128

The following information is for the month of \_\_\_\_\_, 20\_\_.

Client name (printed) \_\_\_\_\_ Name of supervising officer \_\_\_\_\_

*Please answer all questions. If additional space is needed, please use the back of this report form.*

Sex offender treatment agency: \_\_\_\_\_ Location: \_\_\_\_\_ Therapist name: \_\_\_\_\_  
Date last attended treatment: / / Completed: Y or N List any missed treatment appointments: \_\_\_\_\_

Date of your last polygraph? \_\_\_/\_\_\_/\_\_\_ Pass[ ] Fail[ ] Inconclusive[ ] Polygraph examiner name: \_\_\_\_\_  
Have you passed a full-disclosure polygraph? YES[ ] NO[ ] If yes, date you completed: / /

Who do you spend time with? \_\_\_\_\_  
Who are the people that support you with your goals? \_\_\_\_\_  
When and where have you had contact with children? \_\_\_\_\_  
Tell me about any arguments you've had: \_\_\_\_\_  
What has caused you stress and how did you cope? \_\_\_\_\_  
Describe your sexual behaviors: \_\_\_\_\_  
In what ways have you used pornography? \_\_\_\_\_  
What type? \_\_\_\_\_  
How do you manage sexual urges? \_\_\_\_\_  
**Who have you had sex with during the last month?** \_\_\_\_\_  
Name of current partner/significant other? \_\_\_\_\_  
How do you feel about supervision? \_\_\_\_\_  
I would like to talk to my PO about: \_\_\_\_\_  
I would like to talk to my therapist about: \_\_\_\_\_  
I would like help with the following goals: \_\_\_\_\_

Recent alcohol or drug use (including prescription drugs): \_\_\_\_\_  
Alcohol and drug treatment agency: \_\_\_\_\_ Location: \_\_\_\_\_ Counselor name: \_\_\_\_\_  
Date last attended treatment: / / Completed: Y or N List any missed treatment appointments: \_\_\_\_\_

Mental health treatment agency: \_\_\_\_\_ Location: \_\_\_\_\_ Counselor name: \_\_\_\_\_  
Date last attended treatment: / / Completed: Y or N List any missed treatment appointments: \_\_\_\_\_

What contact with police have you had since your last monthly report? \_\_\_\_\_

**Employment/Education/Financial: \*\* Submit pay stubs to your PO \*\***

Employer or school: \_\_\_\_\_ Monthly income \$ \_\_\_\_\_  
Address: \_\_\_\_\_ Phone number(s): \_\_\_\_\_  
List all other sources of income: \_\_\_\_\_

**Present living situation:**

Your address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ Mailing address (if different): \_\_\_\_\_  
Email address: \_\_\_\_\_  
Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_  
With whom do you live? \_\_\_\_\_ Relationship? \_\_\_\_\_  
Name and address of your significant other: \_\_\_\_\_  
Significant other's children (names and DOB's): \_\_\_\_\_  
Significant other's phone number and email address \_\_\_\_\_

**ANY STATEMENTS MADE WHICH ARE LATER FOUND TO BE KNOWINGLY UNTRUE MAY RESULT IN A VIOLATION OF YOUR SUPERVISION.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE