



CENTER FOR
CONTEXTUAL CHANGE
Supervisor Contract Rules/Expectations

I understand that _____, is on supervision for a sexual offense or sexually-related behavior. I understand that someone who has committed a sexual offense maybe reluctant to tell others about his behavior and their interest in deviant behavior. The purpose of my entering this contract is to assist in providing adequate supervision of the offender to prevent further sexual offending behavior and/or assist the offender in avoiding behavior which violates offender rules of supervision, specifically the condition that he/she has not unsupervised contact with any person(s) under the age of 18.

The term “chaperone” refers to an individual who knows the offender’s complete history of deviant behavior. Either Probation or treatment has verified the chaperone’s awareness. The chaperone relationship is a privilege enjoyed by the offender and in no way relieves the offender of direct responsibility for his own conduct. Chaperones are considered “responsible adults” who may supervise an offender’s contact with minors. However, all such contact must be consistent with the offender’s legal requirements and limitations and must be approved in advance by the offender’s containment team (Probation and treatment).

Probation is to verify that both parents/guardians are fully advised of the defendant’s conviction prior to any consideration in order to make informed decision about the safety and welfare of their children.

The following includes a list of responsibilities and expectations for offenders and chaperones during approved supervised contact with minor. These responsibilities and expectations are intended to promote the safety and welfare of the minor(s).

Rules: (both offender and chaperone shall initial each rule indicating understanding of the rule)

- ___/___ The offender may **NEVER** be alone with any minor.
- ___/___ The offender shall not whisper or keep secrets with any minor.
- ___/___ No gifts without prior approval from Probation Officer.
- ___/___ The approved chaperone is to be within view of the offender when minors are present at all times.
- ___/___ No horseplay, tickling, wrestling or pinching with any minor.
- ___/___ The offender will not be responsible for any disciplinary actions involving a minor.
- ___/___ Never discuss issues of sexuality with minor(s).
- ___/___ Only the chaperone may assist the minor(s) with personal hygiene, bathroom and self-care activities.
- ___/___ The offender nor the chaperone is permitted to consume or be under the influence of alcohol or any illicit substances during the supervised visitation.
- ___/___ The offender nor the chaperone is permitted to utilize any type of computer equipment during supervised visitation.
- ___/___ The offender will not initiate or maintain contact with minor(s). The offender will not sit next minor(s) in cars, restaurants, family gatherings, etc. Further clarification will be provided the containment team, ie. kissing, hugging, tickling, wrestling, etc.

- ____/____ For each and every approved supervised visitation, each minor that will be present needs to be identified by name, age and relationship to the offender. No other minor(s) will be permitted that are not identified per this contract.
- ____/____ Only the approved chaperone may supervise contact with minor(s).
- ____/____ The offender shall be responsible for his/her appearance at all time. This includes the wearing of undergarments and clothing in places where another person may be expected to view you.
- ____/____ There will be no overnight visitation unless approved in advance by the containment team.
- ____/____ Any future supervised contact will be approved in advance by Probation and treatment.

Other Rules:

Name/Age of Minor	Relationship to Offender	Chaperone's Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Offender's Signature: _____ Date: _____

Chaperone's Signature: _____ Date: _____

Chaperone's Signature: _____ Date: _____

Treatment Provider's Signature: _____ Date: _____

Probation Officer's Signature: _____ Date: _____