

VALLEY TREATMENT SPECIALTIES
TREATMENT CONTRACT

I, Steven Siler, hereby enter into an agreement with Valley Treatment Specialties to allow their staff to provide me with treatment services. I understand and agree to the following conditions regarding my treatment:

1. I agree to be completely honest and assume full responsibility for my offenses and my behavior. I will openly and candidly discuss issues with the counselors.
2. I agree to sign releases of information required to obtain information about my behavior.
3. I will attend all treatment sessions and attend on time.
4. I will notify the appropriate staff member as soon as possible about any situation that effects my attendance or promptness.
5. I understand that the only acceptable excuse for absence or lateness is a verifiable medical emergency and that all excuses may be verified by calling a third party.
6. I will pay my assigned fee at the time of each session unless I have made other arrangements with the staff.
7. I will not disclose any information regarding another client to anyone outside this program unless the information is required by an appropriate authority in an emergency situation where a staff member is not available.
8. I will share with the group the nature of any contact I might have with another client while outside the treatment session.
9. I will actively participate in group sessions to the satisfaction of staff and other group members. I understand that it is my responsibility to participate in discussions, to complete assignments, and to actively make progress while involved with the program.
10. I will not become verbally threatening or assaultive towards any staff member or client whether inside or outside of the office.
11. I will not attend any session while under the influence of alcohol or drugs.
12. I will not commit any criminal offense.

Sex Offender Treatment Contract
Page 2

13. I will not have any child pornographic material in my possession at any time.
14. I understand that I will be financially responsible for the costs incurred for treatment for my victim or victims.
15. I understand that if I have any questions about this contract or about my involvement with the treatment program, I would specifically contact my counselor. I understand that my probation officer and my counselor will be communicating. I also understand that I should direct specific treatment questions to the counselor and specific questions about probation requirements to my probation officer or the Court.
16. I understand fully and completely that participation in this program may require polygraph examinations and that I will be expected to be financially responsible for these examinations.

I understand that new information that is obtained through a polygraph (suggesting a lack of an open and honest relationships with my counselors) will cause the following:

1. A written warning will be submitted to me and a copy sent to my probation officer or the Courts.
 2. I will retake the polygraph within 30 days and pay for the second one as well.
 3. If I fail the second polygraph, a letter stating my unsatisfactory involvement in the treatment program will be submitted to me and a copy sent to my probation officer or the Court. This may be viewed as a violation of my treatment contract to satisfactorily complete treatment.
17. I understand fully and completely that I am required to make continuous progress through the treatment program. I understand that I am expected to actively participate in the group process by initiating my own involvement in treatment. I understand I required to do more than attend groups and be financially required to take an active part in working toward repairing the damage done to my children and/or victims.
 18. I understand fully and completely that when I have reached a place in my treatment process I will be required to become involved in the Valley Treatment

Sex Offender Treatment Contract

Page 3

Specialties treatment program aftercare portion of treatment by attending the Treatment Program Aftercare Group. I understand that my involvement with the Valley Treatment Specialties Treatment program will be a requirement throughout the course of my probation or ordered counseling period. I understand that I will be required to actively cooperate and participate in this organization throughout the remainder of my parole or probation period or ordered counseling period.

19. I understand fully and completely that should I fail to make progress in the treatment program or should I fail to follow the guidelines set down for me in the treatment program, the following steps will be taken:

- A. A verbal reprimand will be administered to me in the group process regarding my failure to respond to treatment.
- B. A formal written reprimand will be submitted to me and a copy sent to my probation and parole officer or the Courts should I continue to fail in the treatment process. The written reprimand will also indicate a timeline which I will be given to amend the difficulty.
- C. If failure continues, a formal dismissal from the treatment program will then be submitted to the probation and parole officer or the Court outlining my failures and reasons for expulsion from the treatment program.


I also agree to the following special conditions:

- 20. _____
- 21. _____
- 22. _____

I understand that my probation/parole officer or the Court will be notified immediately of any violation of this contract. I also understand that local or state departments may be contacted if necessary to maintain victim or community safety. I also understand and agree that any violation of the conditions of this contract may be grounds for termination from the program at the discretion of the staff. I agree that the staff may terminate my treatment for any

Sex Offender Treatment Contract
Page 4

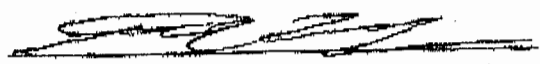
other problem behavior not outlined above.



(Signature of Client)

DATE 6-6-06

WITNESS:



DATE 6/6/06

0609885