## ORIGINAL Idaho Department of Correction Sexual Offender Agreement of Supervision

CASE NO (12.05-2027)
505 1. I will not purchase, produce, possess, or view any media material (pictures, magazines, books, videotapes, promovies) that acts as a stimulus for my sexual behavior, nor will I possess or view any materials containing male or female hudity. I will not be present where such material is available.
2. I will not subscribe to, use, nor have access to, Internet service, including e-mail or any other limited to indicate the limit permission from my therapist and probation officer. I will not use any form of password-protected files, or other method that high limit access to, or change the appearance of data images or other computer files without prior written approval from my supplication officer. PUTY  5.5.5. 3. I will not engage in any illegal sexual activity as defined by Idaho state law including but not limited to: adultery, sodomy, or fornication.
4. I will not engage in any deviant behaviors including but not limited to: sado/masochism, bestiality, phone sex, cross dressing, clothin fetish, voyeurism, exhibitionism, public masturbation, or frottage.  5.1 will reside in a place approved by my supervising officer, and I will not move until my supervising officer has approved a new place.
residence.  505 6. I will abide by all travel restrictions as imposed by my supervising officer, and I will not leave the district of my residence for a social recreational reason without approval of my supervising officer. My district of residence is Permission to leave either the district
or the State of Idaho is required in writing from my supervising officer.  535 7. I will not initiate, maintain, or establish contact with any person, male, or female, under the age of 18 years, without the presence of
an approved chaperone. The chaperone must be over the age of 21and be approved by both my supervising officer and therapist.  8. I will not form or unite in a romantic interest or sexual relationship with a woman/man until my probation officer and/or therapist determine that the individual is able to give effective consent. I will introduce this person to my supervising officer and/or therapist for approval. Sexual activity is defined as sexually oriented verbal/nonverbal communication, and any form of romantic, erotic, exciting or sexually arousing touch, including kissing, oral, manual, genital, or body contact of any kind.
\$13.9. I will not form an intimate relationship with a man/woman who has physical or shared custody of a child(ren) under the age of 18, no will I reside or stay at a residence where minor children frequent or reside, except as approved by my supervising officer and therapist. Intimate relations are defined as a relationship with another person that involves some level of romantic, erotic, exciting, or sexually arousing feelings on my or the other person's part.
505 10. I will observe currew restrictions as directed by my supervising officer. 515 11. I will not have any direct or indirect contact with my past or present victim(s) without the approval of my supervising officer and therapist.
51312. 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, Special events, Or any other risky areas as identified by my supervising officer such as
A request for exception must be submitted on an activity permission form, and approved in writing by my supervising officer.  305.13. I agree to obtain a specialized sexual offender evaluation. The evaluator and my treatment provider must be clinical members of the Association for the Treatment of Sexual Abusers (ATSA), and approved by my supervising officer. I will comply with all requirements of the treatment program and actively participate in treatment until discharge is recommended mutually by the therapist and my supervising officer.  315.14. I will provide complete and truthful information to any psychological and/or physiological assessment when requested by either my
supervising officer or therapist.  505 15. I agree to sign any Release of Information form that allows my supervising officer to communicate with professionals involved in my treatment program.
16. I will not change treatment programs without prior approval of my supervising officer.  17. I agree to pay financial obligations incurred for my counseling and treatment.  18. I will remain gainfully employed and will obtain approval from my supervising officer to begin new employment or change existing
employment.  555 19. I will inform my current or potential employer of my crime(s).  555 20. I will immediately notify my supervising officer if I am terminated or dismissed from work for any reason.  515 21. I will participate and comply with the electronic monitoring agreement or a daily schedule if requested by my supervising officer.
20. I will comply with all sex offender registration and DNA procedures as required by state law.  505 23. I understand that the Idaho Department of Correction may advise my neighbors, employers, and other concerned parties of my conviction and supervision status.
I have read, or have had read to me, the above terms, and I agree to abide by them for the duration of my probation/parole supervision.
Offender Signature: Som Sittle Date: 5-22-2007  Probation/Parole Officer: Takke Squire Hovard Date: 5-22-07
Probation/Parole Officer: aske Square Hovard Date: 5-22-07