**Sex Offender Management Program Disclosure and Advisement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been convicted of a sexual offense, and/or have been ordered by the Court and/or Alaska Board of Parole to participate in and comply with all laws and conditions of supervision to include sex offender specific treatment and polygraph testing to the satisfaction of my Probation/Parole Officer (PO) and/or Department of Corrections (DOC) approved sex offender therapist. I understand I could be responsible for payment of all treatment related bills, unless I am accepted for state-paid services. I understand that being unemployed is not in itself a reason for eligibility for state-paid services.

**Sex Offender Treatment**

Sex offender specific treatment is aimed at changing the sex offender’s behavioral responses to sexually abusive thoughts and behaviors by teaching sex offenders how to control their own sexual interests typically done through structured group interaction and individual sessions.

In sex offender treatment I understand I will be required to:

* Identify and change my attitudes and behaviors that led to my offense(s) and assault cycle.
* Discuss the specific nature of my offense(s) and assault cycle so I and my support group can identify my high risk thinking and behavior and help me take steps to prevent further offenses.

I understand I will be considered non-amenable to treatment and may be revoked from community supervision and/or terminated from sex offender specific treatment if I am unwilling to take responsibility for and discuss all conduct related with the crime for which I have been convicted.

**Polygraph Examinations**

Alaska Statute AS 12.55.100(e)(1)(A), require regular polygraph examinations for offenders convicted of a sex offense as described in AS 12.63.100, who are on probation or parole supervision and/or who have been ordered by court or the Alaska Parole Board.

I understand that the purpose of polygraph examinations is to:

* Increase honesty regarding my offending behavior and to seek additional information about the level of risk I may pose to the community.
* Monitor my compliance with my supervision conditions and to identify any behavior that may pose a danger to public safety.

I understand Polygraph examinations are approximately two hours in length and consist of a pre-polygraph interview, the actual exam, and a post-polygraph interview. The final step is meeting with my supervising officer to discuss areas in my life that may be causing problems that may be placing me and the community at risk and to discuss areas of my life that promote rehabilitation.

Types of Polygraph Examinations:

The testing process will be fully explained to you.

In the case of a ***'Maintenance'*** (compliance) test, all conditions of probation/parole and treatment will be reviewed. At the conclusion of that process, the actual questions for the examination will be prepared. Before you sit in the examining chair, you will know every question on the test, as well as the answer to each, which will be a "yes" or a "no.”

In the case of an **“Instant Offense”** examination, all conditions of probation/parole and treatment will be reviewed. At the conclusion of that process, the actual questions for the examination will be prepared. Before you sit in the examining chair, you will know every question on the test, as well as the answer to each, which will be a "yes" or a "no.”

In the case of a ***'Sexual History'*** examination, all of the required paperwork from treatment will be reviewed with you in detail, after which the 'yes or 'no' questions for that examination will also be reviewed and approved by you.

I also understand that polygraph examination results that indicate evidence that I may have attempted to falsify or manipulate the test results, failed to report for the exam (unexcused) or refusal to submit to the exam is considered a supervision and/or treatment violation and will result in a revocation of my probation and/or parole. I understand that enhanced supervision conditions will be imposed to address any high risk behaviors which may pose a threat to the community and interfere with my rehabilitation.

**FIFTH Amendment Rights**

I understand that I have the right under the *FIFTH Amendment* during the polygraph examinations and during the treatment process to decline to provide information for conduct for which I **have** **not** been convicted and that my probation or parole will not be revoked for asserting this right. I also understand that I have no *FIFTH* *Amendment* rights to refuse to discuss conduct for which I **have been** convicted and that refusing to provide information regarding that conduct will result in my removal from treatment and the revocation of probation and/or parole.

I understand that, although I may decline to provide ***specific*** information during the sex offender treatment process and polygraph exams which would subject me to criminal liability, that I may be asked for general information about unreported victims and prior sexual misconduct for which I was not convicted.

Although my probation/parole officer reviewed this form with me, I understand it is my responsibility to ask questions and understand the contents of this form.

I have read this Disclosure/Advisement and understand its meaning. I have received a copy.

Offender Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

PO/Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

I invoke my *FIFTH Amendment* Rights:

Offender Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

PO/Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_