**SEX OFFENDER MANAGEMENT PROGRAM** **COMPLIANCE FORM**

Offender Name: Click or tap here to enter text. Offender #: Click or tap here to enter text.

Supervising Officer: Click or tap here to enter text. Sex Offender Treatment Provider: Click or tap here to enter text.

Polygraph Examiner: Click or tap here to enter text. Date of Examination: Click or tap to enter a date.

Retest: Yes [ ]  No: [ ]

Type of Polygraph: Choose an item. Polygraph Outcome: Choose an item.

Code Key: DI – Deception Indicated; NDI-No Deception Indicated; SR - Significant Response; NSR – No Significant Response; NO – No Opinion; PNC - Purposefully Non-Cooperative; N/S – No Show; CN/S – Cancel No Show;

[ ]  **I have NOT participated in a polygraph exam. Due to my behavior while on community supervision and/or in community-based treatment the Enhanced Supervision or incentives have been applied. I agree to the applied Enhanced Supervision or Incentives and understand what is expected of me.**

[ ]  **I HAVE participated in a polygraph exam and the results of this polygraph have been reviewed with me by the polygraph examiner. I have met with my PO and discussed behavior compliance/non-compliance issues and I understand and agree to the Enhanced Supervision or Incentives that are expected of me.**

**Enhanced Supervision Conditions OR Incentives include the following:**

Click here to enter details

**Offender Signature:** **Probation/Parole Officer Signature:** **Date:**

**Offender refused to sign:**  **Witness:**  **Date:**