

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
REHABILITATION PROGRAMS DIVISION  
SEX OFFENDER RISK ASSESSMENT**

**DISCLOSURE STATEMENT**

I understand that a parole panel has approved me for release on parole and is requiring my participation in the sex offender education or treatment program prior to my release.

As I have not been convicted of a sex offense, I understand that once the evaluation is completed, I will be given a copy of the evaluation, court documents, and other related information, and will be given 30 calendar days to submit a statement and any documentation to the institutional parole officer to contest placement in the sex offender education or treatment program.

I understand that after the 30 days expires, a parole panel will reconsider their decision to require me to participate in the sex offender education or treatment program prior to my release on parole.

I understand that I will be notified in writing of the parole panel's decision along with the reason(s) for their decision.

I understand that the evaluation will also be released to other employees in the Texas Department of Criminal Justice.

I understand that if I give any information during the evaluation about the abuse of children, the elderly, or infirm that has not been reported, the assessor is legally required to report this information to the authorities.

I understand that if the assessor believes I pose an immediate threat to myself or others, appropriate TDCJ officials will be notified.

I, \_\_\_\_\_, TDCJ# \_\_\_\_\_ by my signature below, affirm that I have read (or been read) the information in this document and have been informed about the purpose of the assessment interview and have had all my questions and concerns addressed by the assessor.

<hr/> <p style="text-align: center;">Offender's Printed Name</p>	<hr/> <p style="text-align: center;">Offender's Signature</p>	<hr/> <p style="text-align: center;">Date</p>
<hr/> <p><b>RB Lindsey, MA, LPC, NCC, LSTOP</b> Interviewer's Printed Name</p>	<hr/> <p><i>RB Lindsey</i> Interviewer's Signature</p>	<hr/> <p><b>05/13/11</b> Date</p>

Distribution: Offender  
SORP file

**STATE OF TEXAS  
TEXAS DEPARTMENT OF CRIMINAL JUSTICE**

**NOTICE AND OPPORTUNITY TO RESPOND  
SUBSEQUENT PAROLE REVIEW FOR SEX OFFENDER REHABILITATION PROGRAMS**

**Completion Instructions**

**This notice form is for offenders who received a sex offender treatment vote but have not received the notice and opportunity to respond process.**

<b>Name:</b>	Enter the Offender's name, last name first as the name appears on the release certificate.
<b>TDCJ/SID#:</b>	Enter the TDCJ/SID# as it appears on the release certificate.
<b>Region/Office/Officer:</b>	Enter the region, office and the officer completing the form.
When the Board of Pardons and Paroles considers your case for parole, a parole panel may require you to participate in a TDCJ sex offender education, evaluation and/or treatment program prior to your release on parole for the following reason(s):	Enter all relevant information as to why this offender is being reviewed for sex offender programs. Include treatment reports and recommendations from treatment providers, and any supporting documents. <b>Example# 1:</b> Convicted of Murder, in which it was alleged that the victim was sexually assaulted. Sex Offender evaluation was conducted by a Registered Sex Offender Treatment Provider who recommended sex offender treatment. <b>Example #2:</b> Indicted for Burglary of a Habitation with intent to Commit Sexual Assault, which was reduced to Burglary of a Habitation with Intent to Commit Theft for which you received a conviction. In addition, in the course of your sex offender treatment, you have admitted to sexually assaulting the victim. <b>Example #3:</b> Revocation for Indecency with a Child, which was sustained as the Revocation Hearing. Offense report indicates you fondled a 4-year-old female acquaintance. Registered Sex Offender Treatment Provider recommends Sex Offender Treatment.
<b>Attached Documents:</b>	At the time of the notice, the offender shall be provided with the supporting documents and indicated on the front of the form.
<b>Offender/Witness/Date</b>	The offender's signature is indicated to affirm that he has been provided written notification of the review for sex offender programs. This signature is requested at the time of notification. The offender shall enter the date in which he was provided notice. In the event the offender refuses to sign, enter "Refused to Sign." The supervising officer or the person providing the notice shall sign as a witness and enter the date.
<b>Distribution:</b>	At the time of the notice the offender is provided with a copy of the notice and the original shall be maintained in the offender's central file or OIMS. After the 30-day notice period, the officer shall complete a Board Transmittal and attach the written statement and/or documents submitted by the offender and all supporting documents for sex offender programs. Once a decision has been made, a response will be given to the officer with a copy to the offender. The final copy shall be maintained in the offender's central office file or OIMS.

\* OFFENDER COPY

STATE OF TEXAS  
TEXAS DEPARTMENT OF CRIMINAL JUSTICE

NOTICE AND OPPORTUNITY TO RESPOND  
SUBSEQUENT PAROLE REVIEW FOR SEX OFFENDER REHABILITATION PROGRAMS

NAME: \_\_\_\_\_ TDCJ# \_\_\_\_\_ SID# \_\_\_\_\_

UNIT: \_\_\_\_\_ OFFICE: \_\_\_\_\_ OFFICER: \_\_\_\_\_

SUBJECT: SEX OFFENDER EDUCATION OR TREATMENT REVIEW

The parole panel of the Texas Board of Pardons and Paroles approved your release on parole and required you to participate in the Sex Offender Education Program (FI-9R) prior to your release and comply with Special Condition X - Sex Offender Condition after your release for the following reason(s):

The present offense of Injury To A Child involves the subject engaging in inappropriate sexual contact with a 12 year old female.

You have the right to submit a statement and any documentation on your behalf in response to this notice. All documentation submitted on your behalf shall be in writing and delivered to the Institutional Parole Office on your unit no later than 30 days from your receipt of this notice. After the notice period expires, a parole panel will reconsider their decision to require you to participate in a sex offender education or treatment program prior to your release on parole. You will be notified in writing of the parole panel's decision along with the reason(s) for their decision.

In addition to the electronic or paper parole file, the following attached information will be submitted to the parole panel.

<input checked="" type="checkbox"/> Therapist's Evaluation Report	<input type="checkbox"/> Revocation Hearing Packet(s)
<input type="checkbox"/> Polygraph Examiner's Report	<input checked="" type="checkbox"/> Other: Static 99
<input type="checkbox"/> Court Documents	Tarrant Co. Indictment; Cause # _____
<input type="checkbox"/> Dynamic Risk Assessment Summary	

Offender \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

QR - You may waive your right to respond to this Notice and request sex offender treatment program placement.

Offender \_\_\_\_\_ Date \_\_\_\_\_ *ilam*

Witness \_\_\_\_\_ Date *5/19/11*

Distribution: Offender

TDCJ Parole Division Central File /OIMS