

**Sex Offender Supervision Compliance Monthly Report Form**  
 Yamhill County Department of Community Justice  
 615 NE 6<sup>th</sup>, McMinnville, Or. 97128

The following information is for the month of \_\_\_\_\_, 20\_\_\_\_.

Client name (printed) \_\_\_\_\_ Name of supervising officer \_\_\_\_\_

*Please answer all questions. If additional space is needed, please use the back of this report form.*

Sex offender treatment agency: _____	Location: _____	Therapist name: _____
Date last attended treatment: / /	Completed: Y or N	List any missed treatment appointments: _____

Date of your last polygraph? ___/___/___	Pass[ <input type="checkbox"/> ] Fail[ <input type="checkbox"/> ] Inconclusive[ <input type="checkbox"/> ]	Polygraph examiner name: _____
Have you passed a full-disclosure polygraph? YES[ <input type="checkbox"/> ] NO[ <input type="checkbox"/> ] If yes, date you completed: / /		

Who do you spend time with? _____
Who are the people that support you with your goals? _____
When and where have you had contact with children? _____
Tell me about any arguments you've had: _____
What has caused you stress and how did you cope? _____
Describe your sexual behaviors: _____
In what ways have you used pornography? _____
What type? _____
How do you manage sexual urges? _____
<b>Who have you had sex with during the last month?</b> _____
Name of current partner/significant other? _____
How do you feel about supervision? _____
I would like to talk to my PO about: _____
I would like to talk to my therapist about: _____
I would like help with the following goals: _____

<b>Recent alcohol or drug use (including prescription drugs):</b> _____		
Alcohol and drug treatment agency: _____	Location: _____	Counselor name: _____
Date last attended treatment: / /	Completed: Y or N	List any missed treatment appointments: _____

Mental health treatment agency: _____	Location: _____	Counselor name: _____
Date last attended treatment: / /	Completed: Y or N	List any missed treatment appointments: _____

What contact with police have you had since your last monthly report? _____
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**Employment/Education/Financial: \*\* Submit pay stubs to your PO \*\***

Employer or school: \_\_\_\_\_ Monthly income \$ \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone number(s): \_\_\_\_\_  
 List all other sources of income: \_\_\_\_\_

**Present living situation:**

Your address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mailing address (if different): \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate \_\_\_\_\_  
 With whom do you live? \_\_\_\_\_ Relationship? \_\_\_\_\_  
 Name and address of your significant other: \_\_\_\_\_  
 Significant other's children (names and DOB's): \_\_\_\_\_  
 Significant other's phone number and email address: \_\_\_\_\_

**ANY STATEMENTS MADE WHICH ARE LATER FOUND TO BE KNOWINGLY UNTRUE MAY RESULT IN A VIOLATION OF YOUR SUPERVISION.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE