



STATE OF TENNESSEE
BOARD OF PROBATION AND PAROLE
FIELD SERVICES DIVISION
 404 James Robertson Parkway Suite 1300
 Nashville, TN 37243-0850 (615) 741-1150



**SPECIALIZED PROBATION CONDITIONS
 FOR SEX OFFENDERS**

NAME	TDOC NUMBER	DOCKET NUMBER
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The Conditions of Probation that you signed on _____ (insert date) states, in part, that you will *obey all laws*, and that you will *carry out all lawful instructions* given by your Probation and Parole Officer. The following guidelines have been established for all offenders convicted of a sex offense as defined under Tennessee state law. By your signature, you acknowledge that your Officer has gone over the following instructions with you:

1. I will not purchase or possess any pornographic or sexually explicit written, printed, photographed or recorded materials, software, cable station nor frequent or be employed by or engage in activities in any business where pornographic materials are openly exhibited, including, but not limited to, adult bookstores, theaters, nude or strip bars, clubs or areas of prostitution activity.
waived by Court _____ **date** _____

2. I will not obtain Internet access on any computer unless my Officer has given me written permission for Internet access. I will not utilize an electronic device for any sexually oriented purpose. I further consent to the search of any electronic device, software, or electronic data storage device at any time by my Officer.
waived by Court _____ **date** _____

3. I will attend, participate in, and pay for treatment or counseling with an approved treatment provider as deemed necessary by the Board, the Court, or my Officer. I will continue in such treatment as instructed for the duration of supervision unless my treatment provider, in consultation with my Officer, instructs me in writing that I have satisfactorily completed treatment.
waived by Court _____ **date** _____

4. I will not use or possess any alcoholic beverage or other mind-altering substance, except pursuant to my own prescription from a licensed physician. I will inform my Officer the next business day of any prescription I receive and will submit to testing for the presence of any controlled substance or alcohol.
waived by Court _____ **date** _____

5. I will submit to and pay for a polygraph assessment and evaluation as instructed by the Board, the Court, my treatment provider, or my Officer.
waived by Court _____ **date** _____

6. If applicable, I will comply with the TBI Sex Offender Registry and monitoring program as required by law.

7. I will live only in a residence approved by my Officer and agree not to share residence with any person with a history of a sexual offense conviction, with exception to residential treatment facilities. I will make full disclosure to my officer of any changes in household composition. I will not move without prior approval from my Officer.
waived by Court _____ **date** _____

8. I will not have any contact with the victim(s), including correspondence, telephone, or third party communication except under circumstances approved in advance and in writing by my Officer in consultation with his/her supervisor and my treatment provider. I will not enter onto the premises, travel past, or loiter near the victim's residence, place of employment, or other places frequented by the victim. I will disclose to my officer any victim's location information that is known to me.
waived by Court _____ **date** _____

9. I will not enter into contact with any child under 18 or anyone who is unable to give consent due to mental, physical, or emotional limitations, unless an adult is present whom my Officer and my treatment provider have approved in advance, in writing, as a chaperone. I will report all incidental contact with children to the treatment provider and my Officer. If convicted of an offense against a minor, I will not date, befriend, reside or unite with anyone who has children under the age of 18, except my own children, unless further restricted by applicable law or court order.
10. I will only work or volunteer for businesses, organization or activities approved by my treatment provider and my Officer. I am prohibited from any business, organization or activity which provides services or care to children under 18 or persons unable to give consent due to mental, physical, or emotional limitations, or any other area or activity determined to be off-limits by my Officer, including but not limited to:
- a. Schools
 - b. School, church or youth buses or bus stops
 - c. Girl or Boy Scouts, clubs, or similar organizations
 - d. Day care centers or private babysitting or child care
 - e. Religious classes, ministries, choirs and activities for children under 18 years of age
 - f. Sports or leisure activities for children under 18 years of age.
 - g. Parks, playgrounds, public swimming pools
 - h. Arcades and amusement parks
 - i. Loitering near public restrooms
 - j. Any establishment whose primary purpose is the sale of alcohol.
 - k. Other: _____
- waived by Court for** (state letter or ALL) _____ **date** _____
11. I will submit a schedule of weekly activities to my officer, if requested and will abide by any curfew or electronic monitoring restrictions placed upon me by my Officer, the Court, or the Board.
12. I will follow any special instructions as determined by my Officer, the Court, Board or treatment provider:

I have read or have had read to me the above supervision instructions and fully understand them. I understand these instructions are designed to assist me in avoiding high-risk situations and to limit my access to potential victims. I understand that all instructions apply to me until my Officer and treatment provider, or the Court determines otherwise.

I understand that if I do not agree with any condition, I have the right to petition the Sentencing Court for a modification. Any release from these instructions will be provided to me in writing.

OFFENDER SIGNATURE	DATE
OFFICER SIGNATURE	DATE
SENTENCING JUDGE SIGNATURE	DATE