

SAFETY PLAN PROPOSAL

Date: _____

Name: _____

Proposed Address/Zip: _____

Phone Number: _____ Cell Number: _____

List sex offense conviction(s) and date(s): _____

Are you registered: (circle one) YES NO Date registration was updated: _____

Departure Date: _____

Return Date: _____

Purpose of Travel: _____

Mode of Travel: _____

List person(s) travelling with you and contact information: _____

Registration Requirements and contact information for the proposed location (Please call the Registry of the County you are requesting to visit and inquire if the proposed residence is acceptable and if there are any registration requirements or instructions. List the phone number and name of the contact person):

Detailed Description of Identified Risks: _____

Detailed description of proposed safety plan: (Include in your specific plan to notify the appropriate authorities, police, probation, etc. Include any travelling companions' names and telephone numbers, and other support person(s) who have full knowledge of your offending history.)

People I need to avoid: (Along with the people, list places where these people are likely to be encountered) _____

Situations to avoid: (List situations that could put you in danger to re-offender and tell why.)

People I should associate with: _____

Signed: _____ **Date:** _____

Reviewed:

Prosocial companion accompanying you (if applicable): _____

Date: _____

Approved:

Treatment Provider: _____ **Date:** _____

Probation Officer: _____ **Date:** _____