



CHAPERONE/SUPERVISOR OF CONTACT AGREEMENT OF RESPONSIBILITIES

In preparation toward becoming an approved chaperone/supervisor of contact, I have been informed of the offending history and/or sexual deviancy of _____. The specific patterns of abuse include:

I understand that minors are anyone less than 18 years of age. I understand that being a chaperone/supervisor of contact between the individual and a minor child carries a certain responsibility and that any unsupervised contact with a minor(s) places the child(ren) at risk. I also understand that although the individual may be involved in treatment, a re-offense is possible, as well as additional offenses. High-risk situations for this individual include:

I have been informed of the individual's supervision and treatment conditions and have received a copy of DOC 05-685 Rules for Contact with Victims or Minors. Other rules specific to this individual include:

Ways in which this individual may attempt to manipulate me into minimizing the importance of the stated rules or in not reporting rule violations include:

I understand that I am approved to supervise in specific types of situations, which include:

NOTE: Under RCW 9A.42.110, it is a misdemeanor offense to knowingly leave a child who is under the age of 18 in the care or custody of a person whom must register as a sex offender due to committing a sex offense against a child, unless there exists written documents from a court of law allowing the individual to have unsupervised contact with children, and/or a family reunification plan approved by the court, Department of Corrections, or Department of Children, Youth and Families.

As chaperone/supervisor of contact, I understand that my failure to report suspected rule violations committed by this individual may leave me open to civil liability. I agree to report any obvious or suspected rule violations to the case manager, the primary therapist, or family therapist, law enforcement, or Child Protective Services within 24 hours of the violation(s) or suspected violation(s).

This agreement may be declared null and void at any time by me or the case manager. The expiration for this agreement is _____.

The undersigned agree to the provisions of the individual's visitation rules and the chaperone/supervisor of contact responsibilities.

CHAPERONE/SUPERVISOR OF CONTACT:

Name	Phone number
Address	
Signature	Date

INDIVIDUAL UNDER DEPARTMENT JURISDICTION:

Name	Phone number
Address	
Signature	Date

Case manager _____ Signature _____ Date _____

Community Corrections Supervisor _____ Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Central file **COPY** - Chaperone/Supervisor of contact, Supervised individual, Case manger file