

LINN COUNTY PAROLE & PROBATION

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118 Second Ave. SE, Suite F, Albany OR 97321

"Supporting Positive Change"

"Promoting Public Safety"

Client Name: _____ DOB: ____/____/____ PO: _____

Other Names Used: _____ Date: ____/____/____

Polygraph:

Date of your last polygraph? ____/____/____ Pass[] Fail[] Inconclusive[] Polygraph Examiner _____

Have you successfully passed a full-disclosure polygraph? YES[] NO[] If yes, date you successfully passed ____/____/____

Victim Access:

- T or F Is there someone you'd like to spend more time with than you do?
- T or F I found myself in places where there are people I shouldn't be looking at.
- T or F I have walked or driven around just to look at people I find attractive.
- T or F I have been in contact with my victim(s) w/out PO and therapist approval.
- T or F I have been in one or more situations where I did not expect children to be.

Hostility:

- T or F My spouse or partner has been very upset with me.
- T or F My spouse or partner has not been helping me.
- T or F It seems that all my spouse/ partner and I do anymore is disagree.
- T or F I have had one or more arguments with someone in the last month.
- T or F I have had thoughts or made plans of hurting or killing someone else.

Sexual Preoccupation:

- T or F I have had sexual thoughts that I can't control?
- T or F When things go wrong, I find myself having sexual thoughts?
- T or F Since we last met, have you felt sexual tension building up inside you?
- T or F I find that I am thinking about sex a great deal of the time.
- T or F I have bought, rented, or viewed sexually oriented materials.
- T or F It seems that I cannot get my mind off of my victim(s) this past month.
- T or F I had at least one week this last month when I masturbated 4 or more times.
- T or F I have felt the strong urge to buy, rent, or view sexually oriented materials.
- T or F I have had fantasies that would be a sexual offense if I really did them.

How important is sex to you these days? _____

Rejection of Supervision:

- T or F I have had one or more arguments with my therapist/ PO this last month.
- T or F My PO and/or therapist have been bugging me without any good reason.
- T or F I can take care of myself without PO or therapist involvement in my life.
- T or F I have completely missed one or more appointments with my PO/Therapist.
- T or F I have been more than five minutes late to an appointment with my PO.
- T or F I have been more than five minutes late to a therapy session.
- T or F More than once, I have put off treatment assignments.
- T or F I have rescheduled or failed to report for my scheduled polygraph.
- T or F I have lied to my PO and Therapist and have failed to comply with directives.

How do I feel about supervision? _____

Emotional Collapse:

- T or F Since we last met, have you ever felt like you were going to "Lose-it"?
- T or F I have been feeling helpless and hopeless.
- T or F I don't feel interested in life.
- T or F I am feeling like treatment will never help me.
- T or F No matter how much I work, it seems that treatment is just too hard.
- T or F I have had thoughts or made plans to hurt or kill myself.

Treatment:

Treatment Provider _____ Counselor _____
Date you began treatment / / Date last attended treatment / / Treatment graduation date / /

Collapse of Social Support:

- T or F I have turned down invitations from others to do fun things.
- T or F I haven't done anything fun or interesting in the last month.
- T or F I have had one or more arguments with family or support members this month.
- T or F I have been around friends that I can count on to always see things my way.
- T or F I have had problems with a spouse or girlfriend/ boyfriend this last month.

Substance Abuse:

- T or F I have been in places where alcohol or drugs were being used.
- T or F I have felt a strong urge to drink alcohol or use drugs.
- T or F I have not gone to AA/NA treatment meetings, even though I should.
- T or F I have used alcohol or drugs in the last month.
- T or F I am having dreams of using drugs or alcohol.
- T or F I have had financial difficulties as a result of my drug or alcohol use.

How much time do you have clean, free of substances? Years Months Days (Congratulations!!!)

Mental/ Physical Health:

- T or F I saw a mental health counselor in the last month.
- T or F I am taking prescribed medication.
- T or F My medication has changed.
- T or F I was placed on medication.
- T or F I have seen a doctor in the past month.
- T or F I have checked into or was taken to the emergency room this past month.

Present Living Situation:

- T or F I am not happy with my current living situation.
- T or F I do not feel safe at my current residence.
- T or F I am currently sleeping on a couch or the floor.
- T or F I have changed my residence in the last month.
- T or F I am currently at risk of losing my housing.

Physical Address: _____
Street Numbers/Name Apartment/Space # City/State/Zip

Mailing (if different): _____
Street Numbers/Name Apartment/Space # City/State/Zip

Vehicle Make/Model: _____ Vehicle Color: _____ Vehicle Plates: _____

My Contact Phone () - I currently reside with: _____

Names of all people living at residence: _____

Employment:

Employer/College _____ Hours per week _____ Monthly Income _____

Work Supervisor/School Advisor _____ Phone () - _____

- T or F I have not been able to pay my rent or mortgage on time.
- T or F I am more than 200.00 behind in paying for treatment.
- T or F I have not been able to pay the full amount for my supervision fees.
- T or F I have not had enough money to buy important items (food) or pay important bills (utilities).
- T or F I have had one or more arguments with my Boss/ Teacher this last month.
- T or F My employer/ teacher does not appreciate my work or efforts.
- T or F I have had one or more arguments with a co-worker/ fellow student.
- T or F I feel disrespected at work/school.
- T or F I have recently changed or quit my job/ schooling.

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

PRINT NAME DATE SIGNATURE DATE

Supervision Fee's

Accepting of Visa, Master Card, Cash and Checks (make payable to Linn County Parole & Probation)