NOTICE OF PUBLIC MEETING
ARIZONA SEX OFFENDER MANAGEMENT BOARD

Pursuant to Arizona Revised Statutes (A.R.S.) § 38-431.02, notice is hereby given to the members of the **Arizona Sex Offender Management Board** (the "Board") and to the general public that the Board will hold a meeting, open to the public, on **August 31, 2026**.

The **August 31, 2026,** Board meeting will be a hybrid-access meeting. This means that the public has the opportunity to participate in person or virtually. Information on how the public may attend is outlined below.

Please note the location of the **August 31, 2026,** Board meeting:

Arizona State Capitol
1700 West Washington Street (Second Floor Conference Room)
Phoenix, Arizona

Virtual Meeting Access: Microsoft Teams Meeting: **Join**
https://teams.microsoft.com/meet/232235473398526?p=skU9txkADME7Pwhrs2
Meeting ID: 232 235 473 398 526
Passcode: eo9cK233
Dial in by phone:+1 480-536-7328,,240114117#
Phone conference ID: 240 114 117#

The boardroom will be open to members of the public at 1:15 p.m.

A copy of the meeting agenda is attached. The Board reserves the right to change the order of items on the agenda. One or more members of the Board may participate virtually.

Pursuant to A.R.S. § 38-431.02(H), the Board may discuss and take action concerning any matter listed on the agenda.

Pursuant to A.R.S. § 38-431.03(A)(2), the Board may vote to convene in executive session, which will not be open to the public, for discussion or consideration of records exempt by law from public inspection.

Pursuant to A.R.S. § 38-431.03(A)(3), the Board may vote to convene in executive session, which will not be open to the public, for legal consultation and advice concerning any item on the agenda.

Persons with a disability may request reasonable accommodation, such as a sign language interpreter, by contacting Ms. Ashlesha Naik at 602-223-2611 or via email at AZSOMB@AZDPS.GOV. Requests should be made as early as possible to allow time to arrange the accommodation(s).

The **August 31, 2026,** Board meeting will be a hybrid-access meeting. Please see below on how to access the meeting and provide public comment on agenda items, regardless of the chosen access method.

To access the Board meeting virtually:
To watch the Board meeting via computer or a smartphone with a data plan:

- Click on the following link:
  https://teams.microsoft.com/meet/23005364130067?p=air67dPs0OEBlADFXl
  OR
- Open a web browser on your device (Google Chrome, Safari, Internet Explorer, Firefox). Then, type or copy the above link into the address or search bar on your browser and press "Enter".

Procedures for Submitting a Request to Speak Form (Please read through each option carefully):
Public comments for the meeting will be accepted in written form or verbally during the meeting.

- **Written Public Comments:**
  - Written comments for the meeting will be accepted by:
    - Submitting a written public comment form available at: https://www.azdps.gov/form/somb-call-to-the-public-written-.
    - USPS to Arizona Department of Public Safety/AZSOMB P.O. Box 6488 Mail Drop 3230, Phoenix, AZ 85005. Please note that USPS mail takes time to be delivered. Please plan accordingly to ensure that the Board receives the written public comment by the deadline for the Board to receive a written comment set forth below.

  - **The deadline for the Board to receive a written comment is Friday, August 28, at 1 p.m.** Written comments received after the deadline, including those that are mailed but not received by staff, will not be posted and will not be provided to members.

  - Written comments will not be read into the record; however, staff will post all written comments received by the deadline on the Board's agenda by the deadline for the Board to receive a written comment set forth above.

- **Virtual Verbal Public Comments.** A virtual public comment is a public comment provided during the meeting via Microsoft Teams and wherein the person giving the public comment is not physically in person during the regular Board meeting**:**

  - Individuals planning to submit a virtual public comment **must submit a** request to speak form available at https://www.azdps.gov/form/somb-call-to-the-public-inperson to provide a virtual verbal public comment at the meeting during the Call to the Public agenda item.

  - **The deadline to submit a request to speak form to provide a virtual verbal comment is Friday, August 28, at 1 p.m.**

  - During the Call to the Public agenda item, those who submitted a request to speak form will be called on to speak virtually. The name in which you submit the form **MUST** match the name on the account when signing into the meeting to speak.

Prior to the meeting, you may need to download the Microsoft Teams application to your device and create an account to ensure name matching. Individuals who submit the form after the deadline on **Friday, August 28 at 1 p.m.** will not be provided the opportunity to give virtual verbal public comment at the meeting.

- **In-Person Verbal Comments.** Individuals attending the Board meeting in person may provide a verbal public comment during the Call to the Public agenda item.
    - A person who wishes to provide a verbal public comment in-person must complete and submit a request to speak form available at https://www.azdps.gov/form/somb-call-to-the-public-inperson to Board staff prior to the start of the meeting. The request to speak form informs Board staff that you will be present in person at the meeting to provide your public comment.
    - The Board asks that request to speak forms be completed and submitted prior to the day of the meeting. The form, however, will also be available to complete and submit to Board staff at the meeting. Individuals who submit a request to speak form after the start of the meeting will not be provided the opportunity to speak.
    - Staff will not switch your registration to virtual if you fail to attend the meeting in person.

All Public Comments

- All Board policies in regard to public comment at in-person meetings are transferable to virtual verbal public comment for meetings.
- Both virtual and in-person verbal public comment will be limited to three minutes by the Board Chair, unless the time limit is adjusted by the Board Chair, at the start of the meeting.
- If submitting a request to speak form, Board staff will call on you to speak during the Call to the Public agenda item. Board staff will only call speakers one time. If a speaker is not ready and available to comment at that time, staff will move on to the next speaker. If you miss your turn, Board staff will attempt again at the end of the list. The order in which names are called will be in the order in which the registrations are received.
- Before beginning your public comment, please state your name and organization (if applicable) for the record.
- If you need assistance with submitting a request to speak form, submitting a written public comment or registering for an in-person or virtual public comment, please contact the Board's office at (602) 223-2611 and a staff member will assist you.

DATED AND POSTED 19th Day of August, 2026.

By Jenna G. Mitchell
Jenna G. Mitchell
Major Jenna G. Mitchell
AZSOMB Program Manager

ARIZONA SEX OFFENDER MANAGEMENT BOARD
Monday, August 31, 2026
Regular Session

1:30 PM

ALL ITEMS ON THIS AGENDA ARE OPEN FOR DISCUSSION AND POSSIBLE ACTION, INCLUDING REPORTS AND ACTION ITEMS.

THE AGENDA AND BACKGROUND MATERIAL ARE PROVIDED TO BOARD MEMBERS ELECTRONICALLY (WITH THE EXCEPTION OF MATERIAL RELATING TO POSSIBLE EXECUTIVE SESSIONS) AND POSTED ON THE ARIZONA PUBLIC MEETING WEBSITE AT https://publicmeetings.az.gov/. ADDITIONALLY, A HARD COPY OF THE AGENDA IS AVAILABLE AT 2222 WEST ENCANTO BLVD., PHOENIX, AZ. PLEASE EMAIL AZSOMB@AZDPS.GOV TO INSPECT THE DOCUMENTS.

REMINDER: As required by Open Meeting Law, please refrain from engaging in conversations, texts, emails and other forms of communication with individual board members. All questions, comments, deliberations and decisions should be stated to the public body as a whole in open session.

1. **ROLL CALL**

2. **CALL TO THE PUBLIC —** This is the time for the public to comment. Members of the Board may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism, or scheduling the matter for further consideration and decision at a later date.

3. **MATTERS FOR DISCUSSION AND POSSIBLE ACTION**

    a. **Old Business**
        1. **Legal Advice – Asst. A. G. Victoria Baldner – Response to Prior Questions Regarding Public Comment**
    b. **Discussion and Potential Adoption of Revised Juvenile Guiding Principles**
    c. **Discussion of Board Member's Proposed Revisions to A.R.S. § 13-3828**
    d. **Discussion and Review of Early Termination of Lifetime Sex Offender Probation Protocol**
    e. **Overview of Sex Offender Probation Supervision**
    f. **Discussion on Sex Offender Registration and Community Notification**
    g. **Subcommittee Reports**
    h. **Call for Future Agenda Items** (Deadline to Submit – September 22, 2026 @ Noon)

THE BOARD MAY VOTE TO CONVENE AND ENTER INTO AN EXECUTIVE SESSION FOR ANY REASON AUTHORIZED BY A.R.S. § 38-431.03 including

personnel matters, confidential records, legal advice, litigation, contract negotiations, employee salary discussions, and international or tribal negotiations. (To do so, the public body must first vote publicly to enter executive session, specifying the reason, and no legal action or final decisions can be made during the session. All motions and voting must be conducted after return to the public session.)

4. ADJOURNMENT

NEXT MEETING:

Arizona Sex Offender Management Board
September 28, 2026 1:30 p.m. – 5 p.m.
Arizona State Capitol
Second Floor Conference Room
1700 West Washington Street
Phoenix, Arizona 85007

BACKGROUND MATERIAL

August 31, 2026

BACKGROUND MATERIAL

August 31, 2026

SUGGESTED CHANGES TO A.R.S 13- 2838 PROVIDED BY MS. KAROLYN KACZOROSKI

Suggested changes to A.R.S. §13-3828

- Define “sex offenders”
    - Does it only apply to people who are under court-ordered treatment for sex offenses?
    - Anyone convicted of a sexual offense?
        - Only in Arizona or anywhere?
        - What if a person isn’t convicted because they are legally incompetent at the time of the offense?
        - What if a person isn’t convicted because they are legally incompetent to stand trial?
    - Is this anyone who has to register as a sex offender within Arizona, regardless of whether they are currently under the supervision of probation, community supervision or incarcerated?
    - Does it apply to anyone who self-identifies as a sex offender without having been convicted?

BACKGROUND MATERIAL

August 31, 2026

SUGGESTED CHANGES TO A.R.S 13- 2838 PROVIDED BY DR. SHERIYDN MILLER

13-3828. Sex offender management board; duties; report

A. The sex offender management board is established within the department of public safety and consists of members who represent urban and rural areas of this state, who have expertise in adult and juvenile issues that relate to sex offenders and who are appointed as follows:

1. The chief justice of the supreme court shall appoint the following members, who may be active or retired and who have sufficient experience in the field:

(a) One member who represents the judicial department.

(b) One member who is a superior court judge.

(c) One member who is either a juvenile court judge or a juvenile hearing officer.

2. The director of the state department of corrections shall appoint one member who represents the state department of corrections.

3. The director of the department of economic security shall appoint one member who represents the department of economic security and who has recognizable expertise in intellectual and developmental disabilities.

4. The director of the department of child safety shall appoint the following members:

(a) One member who is a provider of out-of-home placement services and who has recognizable expertise in providing services to juveniles who have committed sexual offenses.

(b) One member who represents the department of child safety.

5. The director of the department of public safety shall appoint the following members:

(a) Two members who are licensed mental health professionals and who have recognizable expertise in the treatment of adult sex offenders.

(b) Two members who are licensed mental health professionals and who have recognizable expertise in the treatment of juveniles who have committed sexual offenses.

(c) One member who is a public defender and who has recognizable expertise related to sexual offenses.

(d) One member who represents law enforcement and who has recognizable expertise in addressing sexual offenses and victimization.

(e) Three members who are recognized experts in the field of sexual abuse and who represent sexual abuse victims and victims' rights organizations.

(f) One public member who has expertise related to the evaluation, treatment or supervision of sex offenders.

(g) One member who is a clinical polygraph examiner and who is trained in postconviction sex offender testing.

(h) One member who is a current or former probation representative and who has recognizable expertise related to sexual offenses.

(i) One member who is a county director of human or social services and who is appointed after consultation with a statewide group representing counties.

(j) Two members who are members of a county board of supervisors or who are members of the governing council for a jurisdiction that is a contiguous city and county, one of whom represents an urban or suburban

county and one of whom represents a rural county, and who are appointed after consultation with a statewide group representing counties.

(k) One member who represents the highway patrol division in the department of public safety.

6. The director of the Arizona prosecuting attorneys' advisory council shall appoint one member who represents the interests of prosecuting attorneys and who has recognizable expertise in prosecuting sexual offenses.

7. The superintendent of public instruction shall appoint one member who has experience with juveniles who have committed sexual offenses and who is in the public school system.

8. The speaker of the house of representatives shall appoint two public members who are from different political parties and who have expertise in adult and juvenile issues that relate to sex offenders.

9. The president of the senate shall appoint two public members who are from different political parties and who have expertise in adult and juvenile issues that relate to sex offenders.

10. The governor may appoint up to two additional members who are from different political parties.

11. The director of the department of health services shall appoint one member who represents the Arizona community protection and treatment center.

B. The board shall elect a chairperson from among its membership to serve a two-year term as chairperson.

C. Members who are appointed pursuant to subsection A of this section serve at the pleasure of the appointing authority. The initial members shall assign themselves by lot to terms of two, three and four years. All subsequent members serve four-year terms of office. The chairperson shall notify the governor's office of these terms. Board members are not eligible to receive compensation but are eligible for reimbursement of expenses pursuant to title 38, chapter 4, article 2.

D. The board shall do all of the following and shall present its recommendations, as applicable, to the legislature:

1. Develop, prescribe and revise, as appropriate, standard procedures to evaluate adult sex offenders, including adult sex offenders with developmental disabilities and serious mental illness. The recommended procedures shall:

(a) Provide for evaluating adult sex offenders.

(b) Recommend management, monitoring and treatment based on existing research.

(c) Incorporate the concepts of the risk-need-responsivity or another evidence-based correctional model.

2. Develop a procedure for evaluating, on a case-by-case basis, reliably lower-risk sex offenders whose risk to sexually reoffend may not be further reduced by participation in a treatment program that is implemented pursuant to paragraph 4 of this subsection.

3. Develop and recommend methods of intervention for adult sex offenders. The methods must prioritize the physical and psychological safety of victims and potential victims. The methods must also be appropriate to the assessed needs of the particular adult sex offender.

4. Develop, implement and revise, as appropriate, guidelines and standards to treat adult sex offenders, including adult sex offenders with intellectual and developmental disabilities and serious mental illness. The recommended guidelines and standards must incorporate the concepts of the risk-need-responsivity or another evidence-based correctional model. The guidelines and standards may be used in the treatment of adult sex offenders who are placed on probation, imprisoned in the state department of corrections or placed on

community supervision. Programs recommended to be implemented pursuant to the guidelines and standards must:

(a) Be as flexible as possible so that the programs may be accessed by each adult sex offender to prevent the adult sex offender from harming victims and potential victims.

(b) Include a continuing monitoring process and a continuum of treatment options that are available to an adult sex offender as the adult sex offender proceeds through the criminal justice system. Treatment options must be determined by a current risk assessment and evaluation and may include group counseling, individual counseling, family counseling, outpatient treatment, inpatient treatment, shared living arrangements or treatment in a therapeutic community.

(c) To the extent possible, be accessible to all adult sex offenders in the criminal justice system, including those adult sex offenders with behavioral, mental health and co-occurring disorders.

5. Establish a subcommittee to make recommendations to the board on revising the guidelines and standards developed pursuant to paragraph 4 of this subsection. At least eighty percent of the members of the subcommittee must be approved treatment providers, including one polygraph examiner.

6. Develop annual recommendations to allocate monies deposited in the state general fund pursuant to section 13-3821, subsection Q and section 13-3824, subsection B. These recommendations shall include recommendations regarding the coordination of spending monies from the state general fund with any monies spent by the state department of corrections, the department of public safety, the department of health services, or the judicial department to evaluate and treat adult sex offenders and juveniles who have committed sexual offenses. These recommendations shall be presented to the legislature before the start of each legislative session.

7. Consult on and propose revisions to the legislature, as necessary, to the sex offender community notification risk assessment prescribed in section 13-3825. The board shall consider research on adult sex offender risk assessment and shall consider as one element the risk posed by an adult sex offender who suffers from a paraphilic disorder, psychopathy or a personality disorder that makes the person more likely to engage in sexually violent predatory offenses.

8. Research, either through direct evaluation or through a review of relevant research articles and sex offender treatment empirical data, and analyze, through a comprehensive review of evidence-based practices, the effectiveness of the evaluation and treatment policies and procedures for adult sex offenders that are developed pursuant to paragraph 4 of this subsection. This research shall specifically include reviewing and researching recidivism and factors that contribute to recidivism for adult sex offenders, the effective use of cognitive behavioral therapy to prevent recidivism, the use of polygraphs in treatment and the containment model for adult sex offender management and treatment and its effective application. The board shall advise the legislature regarding revision of the guidelines and standards for evaluation, identification and treatment, as appropriate, based on the results of the board's research and analysis. The board shall also develop and recommend a system to implement the guidelines and standards that are developed pursuant to paragraph 4 of this subsection.

9. In collaboration with the state department of corrections, the judicial department and the board of executive clemency, develop proposed criteria and make recommendations, as appropriate, for measuring an adult sex offender's progress in treatment. The recommended criteria shall assist the court and the board of executive clemency in determining whether an adult sex offender may appropriately be released from incarceration, whether the adult sex offender's level of supervision may be reduced or whether the adult sex offender may appropriately be discharged from probation or parole. At a minimum, the recommended criteria must be designed to assist the court and the board of executive clemency in determining whether the adult sex offender could be appropriately supervised in the community if the offender were released from incarceration, released to a reduced level of supervision or discharged from probation or parole.

10. In collaboration with the state department of corrections, the judicial department, the Arizona community

protection and treatment center and the board of executive clemency, make recommendations for the

establishment of standards for community entities that provide supervision and treatment specifically designed for adult sex offenders who have developmental disabilities or who are deemed sexually violent persons. At a minimum, the recommended standards must determine whether an entity would provide adequate support and supervision to minimize any threat that the adult sex offender may pose to the community.

11. Review the current delivery of services and the establishment of release conditions at the Arizona community protection and treatment center. The Arizona community protection and treatment center shall implement any guidelines and standards for sex offender treatment and supervision that are established by the board. Budgetary recommendations will be made to the legislature regarding additional funding necessary for the Arizona community protection and treatment center to implement and continuously support any programmatic changes directed by the board.

12. Research, analyze and make recommendations that reflect best practices for living arrangements for and the location of adult sex offenders within the community, including shared living arrangements. At a minimum, the board shall consider the safety issues raised by the location of adult sex offender residences, especially in proximity to public or private schools and child care facilities, and public notification of the location of adult sex offender residences. The board shall make recommendations for the adoption and revision, as appropriate, of the guidelines as it deems appropriate regarding the living arrangements for and location of adult sex offenders and adult sex offender housing.

13. Develop and make recommendations for revision, as appropriate, of recommended standard procedures to evaluate juveniles who have committed sexual offenses, including juveniles with developmental disabilities. The recommended procedures shall:

(a) Provide for evaluating juvenile offenders.

(b) Recommend behavior management, monitoring, treatment and compliance.

(c) Incorporate the concepts of the risk-need-responsivity or another evidence-based correctional model based on the knowledge that all unlawful sexual behavior poses a risk to the community and that certain juveniles may have the capacity to change their behavior with appropriate intervention and treatment. The board shall develop and make recommendations for the implementation of methods of intervention for juveniles who have committed sexual offenses. The methods must have as a priority the physical and psychological safety of victims and potential victims and, if the methods do not reduce the safety of victims and potential victims, the methods must also be appropriate to the needs of the particular juvenile offender.

14. Develop, implement and revise, as appropriate, guidelines and standards to treat juveniles who have committed sexual offenses, including juveniles with intellectual and developmental disabilities. The guidelines and standards must incorporate the concepts of the risk-need-responsivity or another evidence-based correctional model. The guidelines and standards may be used for juvenile offenders who are placed on probation or placed under the jurisdiction of the department of juvenile corrections or the state department of corrections. Programs recommended to be implemented pursuant to the guidelines and standards must:

(a) Be as flexible as possible so that the programs may be accessed by each juvenile offender to prevent the juvenile from harming victims and potential victims.

(b) Include a continuing monitoring process and a continuum of treatment options that are available to a juvenile offender as the juvenile proceeds through the justice system. Treatment options may include group counseling, individual counseling, family counseling, outpatient treatment, inpatient treatment, shared living arrangements and treatment in a therapeutic community.

(c) To the extent possible, be accessible to all juveniles who have committed sexual offenses and who are in the justice system, including juveniles with behavioral, mental health or co-occurring disorders.

15. Establish a subcommittee to make recommendations to the board on revising the guidelines and standards developed pursuant to paragraph 13 of this subsection. At least eighty percent of the members of the

Commented [SM1]: This is not clear. Examples of community entities that provide supervision and treatment for these groups? ACPTC is not familiar with such entities unless we are talking about probation. May want to separate out the offenders with developmental disabilities from those deemed sexually violent persons and then the overlap (which is small).

subcommittee must be approved treatment providers, including one polygraph examiner.

16. Research and analyze the effectiveness of the evaluation, identification and treatment procedures developed pursuant to paragraph 13 of this subsection for juveniles who have committed sexual offenses. The board shall make recommendations for the revision of the guidelines and standards for evaluation, identification and treatment, as appropriate, based on the results of the board's research and analysis. The board shall also develop and prescribe a system to implement the guidelines and standards that are developed pursuant to paragraph 13 of this subsection.

17. In collaboration with law enforcement agencies in this state, victim advocacy organizations, the department of education and the department of public safety, develop and revise, as appropriate, for use by schools educational materials regarding general information about adult sex offenders and juveniles who have committed sexual offenses, safety concerns related to the offenders and other relevant materials. The board shall provide the materials to the department of education, and the department of education shall make the materials available to schools in this state.

E. If sufficient monies are appropriated to the department of public safety, the board may request that individuals or entities that provide evaluation, treatment or polygraph services specifically to sex offenders that conform with the standards developed by the board pursuant to subsection D, paragraph 4 of this section submit to the board data and information as determined by the board. The board may use this data and information to evaluate the effectiveness of the guidelines and standards developed pursuant to this section for all of the following:

1. To evaluate the effectiveness of individuals or entities that provide evaluation, treatment or polygraph services specifically to sex offenders.

2. For any other purpose consistent with this section.

F. This section does not grant the board any rulemaking or spending authority.

G. The attorney general, each county attorney and every agency and political subdivision of this state shall supply the chairperson of the board, on request, with such assistance and information as is reasonably necessary to effectuate the purposes of this section.

H. The board shall adopt recommendations by majority vote, but the recommendations to be voted on are subject to the discretion of the chairperson, who must approve a recommendation that is to be voted on.

BACKGROUND MATERIAL

August 31, 2026

REVISED JUVENILE GUIDING PRINCIPLES

Juvenile Guiding Principles

Purpose of the Guiding Principles is to establish the core foundation principles from which the *Standards and Guidelines* are created and to provide guidance in the absence of a specific standard or guideline.

1. **The highest priority of these Juvenile Standards and Guidelines is to maximize community safety through the effective delivery of quality developmentally appropriate evaluation, assessment, treatment, and management supervision of juveniles who engage in commit sexually abusive behaviors. offenses.**[4]

2. **Sexually offenses abusive behaviors are traumatic and can have a devastating impact on the victim and victim's family.**

   Sexually abusive behavior offenses violate victims and can lead to common and serious consequences across all areas of victims' lives, including chronic and severe mental and physical health symptoms, as well as social, family, economic, and spiritual harm.[2] Research and clinical experience indicate that victims of sexually abusive behaviors e often face long-term impact and continue to struggle for recovery over the course of their lifetime.[3] The impact of sexually abusive behavior offenses on victims varies based on numerous factors. By defining the offending behavior and holding offenders accountable, victims may potentially experience protection, support and recovery. Professionals working with sexual offendersjuveniles should be alert to how offenders'understand how a juvenile's behaviors may inflict further harm on persons they have previously victimized.[4]

3. **Community safety and the rights and interests of victims and their families , as well as potential victims, require paramount attention when developing and**

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1 Center for Sex Offender Management (2007). Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners. *Center for Effective Public Policy, U.S. Department of Justice, Office of Justice Programs*, 2005-WP-BX-K179 and 2006-WP-BX-K004.

2 Mason, F. & Lodrick, Z. (2013). Psychological consequences of sexual assault. *Best Practice & Research Clinical Obstetrics and Gynaecology, 27*(1):27-37; Tjaden, P. & Thoennes, N. (2006). Extent, nature, and consequences of rape victimization: Findings from the National Violence Against Women Survey. *Washington, DC: U.S. Dept. of Justice, Office of Justice Programs, National Institute of Justice*; Walsh et al. (2012). National prevalence of posttraumatic stress disorder among sexually revictimized adolescent, college, and adult household-residing women. *Archives of General Psychiatry, 69*(9):935-942; Wilson, D. (2010). Health Consequences of Childhood Sexual Abuse. *Perspectives in Psychiatric Care. 46*(1): 56-64.

3 Chen et al. (2010). Sexual abuse and lifetime diagnosis of psychiatric disorders: Systematic review and meta-analysis. *Mayo Clinic Proceedings, 85*(7):618-629.

4 Feiring, C., & Taska, L. (2005). The Persistence of Shame Following Sexual Abuse: A Longitudinal Look at Risk and Recovery. *Child Maltreatment, 10*(4):337-349; Lodrick, Z. (2010). Victim guilt following experience of sexualized trauma: investigation and interview considerations. *The Investigative Interviewer, 1*:54-57; Patterson, D. (2010). The Linkage Between Secondary Victimization by Law Enforcement and Rape Case Outcomes. *Journal of Interpersonal Violence, 26*(2):328-347; Tamarit, J., Villacampa, C., and Filella, G. (2010). Secondary Victimization and Victim Assistance. *European Journal of Crime, Criminal Law and Criminal Justice, 18*(3):281-298.

implementing age appropriate assessment, treatment and supervision of juveniles who ~~have committed~~engage in sexually abusive behavior. ~~offenses.~~[5]

~~When assessing the needs of a juvenile who has committed a sexual offense community safety must be achieved.~~ Community safety includes consideration of future potential victims who could be at risk of future harm, with the understanding that effective treatment, supervision, family engagement, and developmental supports are intended to promote safety and positive outcomes for all involved. In the event of a conflict~~, between the two,~~ the Multi-disciplinary Team (MDT) ~~shall~~ should be used to determine how to meet the needs of the juvenile in a manner that does not compromise ~~or negatively impact~~ community safety.

4. **Safety, protection, developmental growth, and the psychological well-being of victims ~~and potential victims is~~are a priority for the ~~Multidisciplinary Team (~~MDT~~).~~**[6]

   Victims should have an opportunity to be heard and informed when decisions pertain to their ~~the right to~~ safety~~, ~~. When feasible and requested, this should include the ability ~~to be informed and~~ to provide input to the MDT.

5. **~~Offense-specific t~~Treatment must address all types of abusive behaviors and not just the legally-defined delinquent behavior(s) for which they were adjudicated.**

6. **Treatment and supervision decisions should be informed by a comprehensive evaluation**[7] **and ongoing assessments.**[8]

   It is important to understand that risk assessment measures have limitations and that findings need to be used appropriately (i.e. within the scope of their empirically established limits). The evaluation and ongoing assessment of juveniles who have ~~committed~~ engaged in sexually abusive behaviors ~~offenses~~ is a process. Ongoing assessment must constantly consider changes in the juvenile, family and community in order to make decisions concerning restrictions, ~~intensity of~~ supervision levels,

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[5] Briere & Scott (2006). Principles of trauma therapy: A guide to symptoms, evaluation, and treatment. Thousand Oaks, CA: Sage Publications; Morrison (2007). Caring about sexual assault: the effects of sexual assault on families, and the effects on victim/survivors of family responses to sexual assault. *Family Matters, 76*:55-63; O'Doherty, T., McLaughlin, S., Deirdre O'Leary, D. (2001). Recovery work with child victims of sexual abuse: A framework for intervention. *Child Care in Practice, 7*(1):78-88.

[6] Gootschall et al. (2015). Value, Challenges, and Solutions in Incorporating Victim Impact Awareness in Offender Rehabilitation - The Results of Qualitative Interviews with Stakeholders. *Victims & Offenders: An International Journal of Evidence-based Research, Policy, and Practice, 10*(3):293-317.

[7] Chu, M., & Thomas, S. (2010). Adolescent Sexual Offenders: The Relationship Between Typology and Recidivism. *Sexual Abuse: A Journal of Research and Treatment, 22*(2):218-233; Rich, P. (2009). Juvenile Sexual Offenders: A Comprehensive Guide to Risk Evaluation. John Wiley & Sons; Ryan, G., Leversee, T. F., & Lane, S. (2010). Juvenile sexual offending: Causes, consequences, and correction, (3rd ed.). Wiley; Singh, J. P., Desmarais, S. L., Sellers, B. G., Hylton, T., Tirotti, M., & Van Dorn, R. A. (2014). From risk assessment to risk management: Matching interventions to adolescent offenders' strengths and vulnerabilities. *Children and Youth Services Review, 47* (Part 1), 1-9; Wijk, A. P., Mali, B. R., Bullens, R. A., & Vermeiren, R. R. (2007). Criminal Profiles of Violent Juvenile Sex and Violent Juvenile Non-Sex Offenders: An Explorative Longitudinal Study. *Journal of Interpersonal Violence, 22*(10), 1340-1355.

[8] Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. *Sexual Abuse: A Journal of Research and Treatment, 23*(4):434-455; Fanniff, A., & Becker, J. (2006). Developmental considerations in working with juvenile sexual offenders. In R. E. Longo & D. S. Prescott (Eds.), Current perspectives: Working with sexually aggressive youth and youth with sexual behavior problems (pp. 119-141). Holyoke, MA: NEARI Press; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders
What is Next? *International Journal of Offender Therapy and Comparative Criminology, 57*(2):208-228; Oneal, B. J., Burns, L. G., Kahn, T. J., Rich, P., & Worling, J. R. (2008). The Treatment Progress Inventory for Adolescents who Sexually Abuse (TPI-ASA). Sexual Abuse: A Journal of Research and Treatment, 20(2), 161–187.

placement, treatment and opportunities for positive growth and development of juveniles.

7. **Risk assessment of juveniles who have ~~committed~~ engaged in sexually abusive behaviors ~~offenses~~ should be based on an empirically supported protocol.**[9]

   The risk assessment protocol, including the selection of instruments, should be tailored to the unique characteristics of the juvenile. A juvenile's level of risk should not be based solely on the sexually abusive behavior for which they are ~~offense(s) of adjudication~~adjudicated~~/deferred judgement~~. Other assessments designed to assess matters of general delinquency should also be considered.

8. **A ~~multidisciplinary team~~MDT will be convened, and is responsible for ~~the~~ post-disposition evaluation, treatment, care and supervision of juveniles who ~~commit~~ engage in sexually abusive behavior ~~offenses~~.**[10]

   The adoption of these standards and guidelines ~~significantly improves~~will support public safety outcomes when all agencies and parties are working cooperatively and collaboratively. Further, the Juvenile Court is an essential partner within the MDT framework and contributes to coordinated treatment, supervision, accountability, and rehabilitation efforts through judicial oversight and decision-making authority established by law. In Arizona, juvenile courts may utilize specialized court models and oversight practices that support treatment engagement, family involvement, community safety, and positive long-term outcomes for juveniles.

9. **Treatment and supervision decisions should be guided by ~~available~~ current research and best practice.**

   Research with this population continues to emerge, which may lead~~ing~~ to changes of these Guiding Principles ~~and Standards~~. In the absence of research, decisions should be made cautiously and in accordance with best practices to minimize unintended consequences.

10. **Treatment and supervision should be individualized, developmentally appropriate, and responsive ~~based on~~to the juvenile's assessed risks and needs.**[11]

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[9] Rich, P. (2009). Juvenile Sexual Offenders: A Comprehensive Guide to Risk Evaluation. John Wiley & Sons; Ryan, G., Leversee, T. F., & Lane, S. (2010). Juvenile sexual offending: Causes, consequences, and correction, (3rd ed.). Wiley; Singh, J. P., Desmarais, S. L., Sellers, B. G., Hylton, T., Tirotti, M., & Van Dorn, R. A. (2014). From risk assessment to risk management: Matching interventions to adolescent offenders' strengths and vulnerabilities. *Children and Youth Services Review, 47* (Part 1), 1-9.

[10] Center for Sex Offender Management (2007). Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners. *Center for Effective Public Policy, U.S. Department of Justice, Office of Justice Programs*, 2005-WP-BX-K179 and 2006-WP-BX-K004; Center for Juvenile Justice Reform (2012). Addressing the Needs of Multi-System Youth - Strengthening the Connection between Child Welfare and Juvenile Justice, Georgetown Public Policy Institute, Washington, D.C.; Lobanov-Rostovsky, C. & Hansen, J. (2013).

[11] Brogan, L., Haney-Caron, E., NeMoyer, A. & DeMatteo, D. (2015). Applying the risk-needs-responsivity (RNR) model to juvenile justice. *Criminal Justice Review, 40*(3):277-302; Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. *Sexual Abuse: A Journal of Research and Treatment, 23*(4):434-455; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders: What is Next? *International Journal of Offender Therapy and Comparative Criminology, 57*(2):208-228; Hoge, R. D. (2016). Risk, need, and responsivity in juveniles. In K. Heilbrun (Ed.) APA Handbook of Psychology and Juvenile Justice (pp. 179-196). Washington D.C.: APA; Lipsey, M. W. (2009). The Primary Factors that Characterize Effective Interventions with Juvenile Offenders: A Meta-Analytic Overview. *Victims and Offenders, 4*(2):124-147; Rich, P. (2009). Juvenile Sexual Offenders: A Comprehensive Guide to Risk Evaluation. John Wiley & Sons; Ronis, S. & Borduin, C. (2007). Individual, Family, Peer, and Academic Characteristics of Male Juvenile Sexual Offenders, *Journal of Abnormal Child Psychology, 35*(2):153-

Juveniles who ~~commit~~ engage in sexually abusive behavior ~~offenses~~ vary in ways such as; age, development, gender, culture, background, strengths, protective factors, and their presenting pattern(s) of ~~offending~~ sexually abusive behavior~~and numbers of victims~~.

11. **Evaluation, ongoing assessment, treatment and supervision of juveniles who have ~~committed~~ engaged in sexually abusive behavior ~~offenses~~ should be non-discriminatory, humane and bound by the law and applicable professional code of ethics ~~and law~~.**[12]

Professionals responsible for the evaluation, assessment, treatment, and supervision of juveniles who have ~~committed~~ engaged in sexually abusive behavior~~offenses~~ must not discriminate based on race, religion, gender, sexual orientation, disability or socio-economic status. Juveniles ~~who have committed sexual offenses~~ and their families shall be treated with dignity and respect by all members of the ~~multidisciplinary team~~MDT.

12. **Assessment of ~~the degree of progress in~~ treatment progress should be~~is~~ based on the juvenile's application of relevant changes in their daily functioning.**[13]

Treatment should include measurable outcomes that will demonstrate progress and successful completion of treatment.

13. **Treatment should be holistic and enhance overall health and protective factors.**[14]

~~Many j~~Juveniles who ~~commit~~ engage in sexually abusive behavior ~~offenses~~ may present other co-occurring issues ~~have multiple problems~~ and areas of risk. Research indicates that juveniles are at greater risk for non-sexual re-offenses than for sexual re-offenses.[15] Assessment and treatment ~~must~~ plans should be comprehensive, trauma informed, and mitigate the risk of both sexually abusive behavior and other delinquent behavior while ~~address areas of strengths, risks and deficits to increase the juvenile's abilities to be successful and to decrease the risks of further abusive or criminal behaviors. Treatment plans should specifically address the risks of further sexual offending, other risks that might jeopardize safety and successful pro-social functioning.~~[16] ~~Treatment plans should also reinforce~~ reinforcing developmental and environmental assets.

163; Worling J. R. (2013). Desistence for adolescents who sexually harm (Unpublished document). Retrieved from http://www.erasor.org/new-protective-factors.html.

12 Birgden, A. & Cucolo, H. (2011). The Treatment of Sex Offenders Evidence, Ethics, and Human Rights. *Sexual Abuse: A Journal of Research and Treatment, 23*(3):295-313.

13 Hempel, I., Buck, N., Cima, M., Marle, H. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders: What is Next? *International Journal of Offender Therapy and Comparative Criminology, 57*(2):208-228.

14 Leversee, T., & Powell, K. (2012). Beyond Risk Management to a More Holistic Model for Treating Sexually Abusive Youth. In B. K. Schwartz, The Sex Offender (Chapter 19). Kingston, NJ: Civic Research Institute.

15 Caldwell, M. (2010). Study Characteristics and Recidivism Base Rates in Juvenile Sex Offender Recidivism. *International Journal of Offender Therapy and Comparative Criminology, 54*(2):197-209; McCann, K., & Lussier, P. (2008). Antisociality, Sexual Deviance, and Sexual Reoffending in Juvenile Sex Offenders. A Meta-Analytic Investigation. *Youth Violence and Juvenile Justice, 6*(4):363-385; Worling, J. R., & Langstrom, N. (2006). Risk of Sexual Recidivism in Adolescents Who Offend Sexually: Correlates and Assessment. In H. E. Barbaree & W. L. Marshall (Eds.),The Juvenile Sex Offender (2nd ed.) (pp. 219-247). New York: Guilford Press.

~~16 Perry, G., & Ohm, P. (1999). The role healthy sexuality plays in modifying abusive behaviours of adolescent sex offenders: Practical considerations for professionals. *Canadian Journal of Counseling, 32*(2):157-169.~~

14. **Evaluation, ~~A~~assessment, treatment and supervision should be viewed through an ecological framework of Development.**[17]

    Assessment and intervention with a juvenile who has ~~committed a~~engaged in sexually abusive behavior ~~offense~~ recognizes the nature of adolescent development and the dependence on and influence by social-ecological factors, including family, peer group, community and school. This focus seeks to decrease risk factors and increase protective factors in the juvenile's ecology.

    The individualization of evaluations, assessment, treatment and supervision requires particular attention to social and cultural factors. Recognition of these factors are essential when interacting with clients from different social, cultural, and religious backgrounds. A basic premise is to recognize the client's culture, your own culture, and how both affect the client-provider relationship. This premise extends to all professional members of the MDT and positive support persons and is essential in creating an equitable and inclusive environment, regardless of differences in culture or lifestyle.

15. **Family members/Primary Caregivers should be considered an integral part of evaluation, assessment, treatment and supervision.**[18]

    The families'/primary caregivers' abilities to provide informed supervision and support positive changes are critical to reducing risk of re-offense.

    Cooperative involvement with family members/primary caregivers enhances juvenile's prognosis in treatment. Family members/primary caregivers possess invaluable information about the juvenile who has ~~committed a~~engaged in sexually abusive behavior ~~offense~~. Family members can be an important part of the juvenile's support system through the course of treatment and supervision.

    Conversely, non-cooperative family members may impede the juvenile's progress.[19] It is expected that the MDT will work with the family/primary caregiver to help them support the juvenile through cooperative involvement.

16. **Treatment and supervision decisions regarding juveniles who have ~~committed~~ engaged in sexually abusive behavior ~~offenses~~ should minimize caregiver disruption and maximize exposure to positive peer and adult role models.**

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[17] Borduin et al. (2009). A Randomized Clinical Trial of MST with Juvenile Sexual Offenders: Effects on Youth Social Ecology and Criminal Activity, *Journal of Consulting and Clinical Psychology, 77*(1):26-37; Pullman et al. (2014). Examining the developmental trajectories of adolescent sexual offenders, *Child Abuse & Neglect, 38*(7):1249-1258.

[18] Schroeder, R., Osgood, A., Oghia, M. (2010). Family Transitions and Juvenile Delinquency. *Sociological Inquiry, 80*(4):579-604; Spice, A., Viljoen, J., Latzman, N., Scalora, M., and Ullman, D. (2012). Risk and Protective Factors for Recidivism Among Juveniles Who Have Offended Sexually. *Sexual Abuse: A Journal of Research and Treatment, 25*(4):347-369; Thorton et al. (2008). Intrafamilial adolescent sex offenders: Family functioning and treatment, Journal of Family Studies, 14(2-3):362-375; Yoder et al. (2015). The Impact of Family Service Involvement on Treatment Completion and General Recidivism Among Male Youthful Sexual Offenders, *Journal of Offender Rehabilitation, 54*(4):256-277.

[19] Baker, A., Tabacoff, R., Tornusciolo, G., Eisenstadt, M. (2003). Family Secrecy: A Comparative Study of Juvenile Sex Offenders and Youth with Conduct Disorders. *Family Process, 42*(1):105-116.

As juveniles move through the continuum of services emphasis should be given to maintaining positive and consistent relationships, including both in and out of a school setting. Research indicates that association with delinquent peers, the absence of pro-social adult role models, and the disruption of caregiver relationships increase the risk of delinquent development.[20]

17. **A continuum of care for treatment and supervision options should be available and utilized as needed.**[21]

Decisions about level of care and supervision are informed by the youth's risk and need, taking into consideration the least restrictive environment while prioritizing community safety. Adjustments in the level of treatment and supervision should be made based on changes in risk and need, and continuity of services across these levels of care should be ensured. Whenever possible, priority should be given to the juveniles residing with their families or within the community in which their family resides.

18. **For juveniles who have been removed from the home family reunification can only occur after careful consideration of all the potential risks.**[22]

The ability of parents to provide informed supervision in the home must be assessed in relation to the ~~particular~~ presenting risks of the juvenile. Reunification of the juvenile with the family should occur only after the parents/primary caregivers can demonstrate the ability to provide protection and support of the victim(s) and other children in the home, as well as address the needs and risks of the juvenile.

19. **Juveniles shall not be labeled as if their sexually abusive ~~offending~~ behavior defines them.**[23]

It is imperative in understanding, treating and intervening with juveniles who ~~commit~~ engage in sexually abusive behavior ~~offenses~~ to consider their sexual behavior in the context of the many formative aspects of their personal development. As juveniles grow and develop their behavior patterns and self-image constantly change. Research suggests that most juveniles will not go on to offend sexually as adults.[24] Not all

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[20] Burton, D. & Duty, K. & Leibowitz, G. (2011). Differences between sexually victimized and non-sexually victimized male adolescent sexual abusers: Developmental antecedents and behavioral comparisons. *Journal of Child Sexual Abuse, 20*(1):77-93; Miner & Munns (2005). Isolation and Normlessness - Attitudinal Comparisons of Adolescent Sex Offenders, Juvenile Offenders, and Nondelinquents, *International Journal of Offender Therapy and Comparative Criminology, 49*(5):491-504; Righthand, S. & Welch, C. (2004). Characteristics of youth who sexually offend. *Journal of Child Sexual Abuse, 13*(3-4):15-32.

[21] Hunter, J. A., Gilbertson, S. A., Vedros, D., & Morton, M. (2004). Strengthening community based programming for juvenile sex offenders: Key concepts and paradigm shifts. *Child Maltreatment, 9*(2):177-189; Silovsky, J. F., Swisher, L. M., Widdifield Jr., J., & Burris, L. (2011). Clinical considerations when children have problematic sexual behavior. In P. Goodyear-Brown (Ed.). Handbook of child sexual abuse: Identification, assessment, and treatment. New Jersey: John Wiley & Sons.

[22] Hackett et al. (2014). Family Responses to Young People Who have Sexually Abused: Anger, Ambivalence and Acceptance, Children & Society, 28(2):128–139; Silovsky et al. (2011). Prevention of child maltreatment in high-risk rural families: A randomized clinical trial with child welfare outcomes. Children and Youth Services Review, 33(8):1435–1444; Swisher, L., Silovsky, J., Stuart, R., & Pierce, K. (2008). Children with Sexual Behavior Problems. Juvenile and Family Court Journal, 59(4):49-69; Harper, B. (2012). Moving Families to Future Health: Reunification Experiences After Sibling Incest. Doctorate in Social Work (DSW), Dissertations. Paper 26; Price, D. (2004). Rebuilding Shattered Families: Disclosure, Clarification and Reunification of Sexual Abusers, Victims, and Their Families, Sexual Addiction & Compulsivity, 11(4):187-221.

[23] Miner et al. (2006). Standards of Care for Juvenile Sexual Offenders of the International Association for the Treatment of Sexual Offenders, Sexual Offender Treatment, 1(3); Schultz, C. (2014). The Stigmatization of Individuals Convicted of Sex Offenses: Labeling Theory and The Sex Offense Registry. *Themis: Research Journal of Justice Studies and Forensic Science*, 2(4):64-81.

[24] Carpentier, J., & Proulx, J. (2011). Correlates of Recidivism Among Adolescents Who Have Sexually Offended. Sexual Abuse: A Journal of Research and Treatment, 23(4):434-455; Fanniff, A., & Becker, J. (2006). Developmental considerations in working with juvenile sexual offenders. In R. E. Longo & D. S. Prescott (Eds.), Current perspectives: Working with sexually aggressive youth and

juveniles who have engaged in sexually abusive behavior require extensive or intensive interventions in order to reduce their risk for reoffending because identity formation is a significant developmental task during adolescence, labeling juveniles based solely on sexual offending behavior may cause potential damage to long-term pro-social development.

20. **Successful completion of treatment and supervision depends upon a juvenile's willingness and ability to cooperate. Accordingly, members of the MDT should employ practices designed to maximize the juvenile's participation and accountability.**[25]

youth with sexual behavior problems (pp. 119-141). Holyoke, MA: NEARI Press; Hempel et al. (2013). Review of Risk Assessment Instruments for Juvenile Sex Offenders

What is Next? International Journal of Offender Therapy and Comparative Criminology, 57(2):208-228.

[25] Brogan, L., Haney-Caron, E., NeMoyer, A. & DeMatteo, D. (2015). Applying the risk-needs-responsivity (RNR) model to juvenile justice. Criminal Justice Review, 40(3):277-302; Englebrecht et al. (2008). "It's not my fault": Acceptance of responsibility as a component of engagement in juvenile residential treatment, Children and Youth Services Review, 30(4):466–484; Reicher (2013). Denying Denial in Children with Sexual Behavior Problems, Journal of Child Sexual Abuse, 22(1):32–51.

BACKGROUND MATERIAL

August 31, 2026

TEMPLATE FOR WRITING SEX OFFENDER EARLY TERMINATION RESPONSES/FILINGS

PROVIDED BY

MS. BETH GOULDEN, CHAIRWOMAN

TEMPLATE FOR WRITING SEX OFFENDER EARLY TERMINATION RESPONSES/FILINGS

All Sex Offender Early termination (ET) filings and responses should be in accordance with the "Early Termination Considerations for Probationers with Sex Offender Conditions." The following guidelines are to be followed and each topic covered when writing and submitting an ET or filing a response to an ET to the Court for probationers who are on a Sex Offender caseload.

- Why are you writing the memo, i.e. "This memo is forwarded at the Court's request reference the above captioned individual's petition to terminate lifetime probation supervision."
- **Index Offense**: Provide a summary of the index offense; include behaviors and victims, including dismissed counts.
- **Sexual History**: Provide a summary to include additional victims and their ages, their gender and their relationship to offender. Summarize any sexual behaviors this offender has engaged in, including the age he/she first began to offend and the length of time the offending went on. Indicate whether or not the probationer has successfully passed (no deception indicated) or resolved the Sex History Polygraph including the date.
- **Treatment Status:** Provide a summary of the probationer's treatment history and status. Include any and all discharge information and/or successful completion of treatment – dates are important, please include all dates. Include the therapist's recommendation. If you do not have a recommendation from the therapist indicate why.
- **ABEL Assessment**: Include ABEL results as summarized by the treatment provider, including the date any ABEL assessments were taken.
- **MSI II Results**: Include pre and post MSI II results summarized by the treatment provider, include dates of any MSI assessments taken.
- **Other Treatment Assessments**: Provide information and/or summaries of any other assessments that have been completed by a treatment provider (MMPI, MCMI, PCLR, etc.) including dates of assessments taken.
- Indicate whether or not the defendant has been clinically diagnosed by an approved evaluator or treatment provider of A). Pedophilia, B). Psychopathy or Mental Abnormality or C). Sexual Sadism (see ET criteria for more information). This is not your assessment of the probationer; this is a clinical diagnosis and should be provided by the treatment provider.
- **Polygraph History**: Provide a summary of the probationer's polygraph history and include whether the probationer has successfully passed or resolved all maintenance, monitoring or specific issue polygraphs with no major admissions and/or multiple admissions for the past two years. Include dates of when the polygraphs were taken when summarizing them in your memo.
- **Risk Assessments:** FROST, Static 99R, SOTIPS.
- **PERFORMANCE WHILE ON PROBATION**:
    - Indicate whether or not the probationer has any pending Court matters (pending PTR, criminal charges, outstanding warrants).
    - Summarize the probationer's progress and regress since being placed onto probation.

- Include whether or not the probationer has completed all standard and specialized conditions of probation and treatment as directed by APD (community restitution hours, treatment, drug testing, deferred jail, etc.).
- Include the probationer's financial status in regards to Court ordered fines, fees and restitution.
- Provide a summary of how long has passed since the probationer has completed treatment and how they have progressed/regressed since being out of treatment.
- Indicate whether or not the probationer has demonstrated control over all known paraphilic behaviors/sexual deviancies for a significant period of time.

- **Chaperone Status**: Indicate whether or not they have a chaperone or support person. And if this person(s) is current with the treatment provider on their refresher classes.
- **Sex Offender Registration Status**: This section should be used to advise the Court of the probationer's registration status and current notification level if applicable. Indicate whether this probationer is required to register as a sexual offender per current statute. Any outstanding or deferred registration issues should be discussed in this section and a recommendation be made regarding registration when applicable.
- **Discussion and Evaluation/Recommendation**: Provide a recommendation and summarize and support the reasons for your recommendation. Discuss risk, goals for offender to achieve an early termination or discuss with the Court how this person may not ever be a candidate for ET and why or why not.
- **Submission**: Because e-filing does not allow the document to be dated when submitting the memo, please include the following statement at the end of your memo: "This memo is being submitted by Officer Smith (insert officer name) on August 4, 2019 (insert date of submission)." This is so the Court has a clear understanding of when the document was submitted.

BACKGROUND MATERIAL

August 31, 2026

EARLY TERMINATION CONSIDERATIONS FOR SEX OFFENDERS

PROVIDED BY

MS. BETH GOULDEN, CHAIRWOMAN

EARLY TERMINATION CONSIDERATIONS *for* SEX OFFENDERS

The following are criteria considerations for an early termination of sex offender probation to include lifetime supervision. Officers will consider suitability of early termination on a case by case basis to determine if a probationer is eligible. Risk level will be considered in each case. Probationers deemed a low risk may be placed on a minimum caseload.* Additional factors may be taken into account such as; victims, offending history, and sexual paraphilia. Each circumstance/case will be staffed on a case-by-case basis with supervisors to determine proper course of action such as those cases where medical issues are present or advanced age. Neither necessarily means an early termination will be facilitated or appropriate, but risk will be taken into account in each case. Should a probationer be interested in an early termination, that person is encouraged to talk with their probation officer to determine if or when it may be possible that they may be a suitable candidate and discuss any outstanding case plan goals:

- No pending criminal charges and/or outstanding warrants.
- The probationer has completed more than half of their original probation grant if not on lifetime probation.
- The probationer has completed all standard and specialized conditions of probation (community restitution hours, treatment, drug testing, deferred jail, etc.).
- The probationer has not had a petition to revoke in the past two years.
- The probationer owes no restitution balance and has no other supervision issues other than the payment of financial assessments (if a balance is owed there are CRO implications).
- Probationer has successfully completed all aspects of Primary treatment, Relapse Prevention and/or Maintenance treatment if applicable.
- Probationer has admitted to offense behavior and accepts responsibility for his/her actions.
- All known paraphilic behaviors (sexual deviancies) have been demonstrated to be under control for a significant period of time.
- Successfully passed (no deception indicated) or resolved the Sex History Polygraph.
- Has successfully passed or resolved all maintenance or specific issue polygraphs with no major admissions and/or multiple admissions for the past two years.
- Will have completed a recent (within the previous 12 months) MSI II, which sustains the defendant has internalized treatment and is capable of self-regulating his/her behavior. (Note: If the offender is already in Maintenance Treatment, the MSI will be at the discretion of the supervising team.) This will not apply to those successfully terminated from treatment.
- Probationer will have completed all additional testing and/or assessments, as required by the treatment and supervision team.
- Probationer has a proper chaperone and/or support person if applicable.

*Criteria for eligibility on a minimum caseload includes scoring as a low risk on the FROST, Static 99R/2000R and/or the SOTIPS assessments, if eligible. Questions about offender risk level should be directed to the assigned probation officer.

**Disclaimer: The Court makes the final decision with regard to the termination of probation in all cases.