



SEX OFFENDER MANAGEMENT AND MONITORING PROGRAM INFORMED CONSENT

State Form 49777 (5-00)

CONFIDENTIAL

Completion of this consent form is voluntary. If not completed, the individual will not be allowed to participate in the Phase II Psychoeducational Program. This form will be maintained in the S.O.M.M. folder and is accessible only to authorized users.

GENERAL PROGRAM INFORMATION

I have received a description of the Phase II Psychoeducational program. A S.O.M.M. provider has explained it to me and answered my questions about the program. I understand that the program consists of various group sessions and a few individual sessions that will provide valuable information about sexual offending behavior and ways to reduce the chances that I may reoffend.

I understand that I must regularly attend all sessions of the program in order to achieve a Certificate of Program Completion. I understand that the Certificate of Completion may be viewed positively by authorities of the courts, but does not guarantee any special privileges such as reduction in sentence or early parole.

I understand that the benefits of participation in the Psychoeducational Program include a better understanding of myself and my sexual offending behavior and provide a plan of action to avoid reoffending and reincarceration.

REQUIRED EVALUATION

I understand that I must complete a series of tests and questionnaires prior to starting the Phase II Psychoeducational Program and again after completing the program. The information from these tests will be used by S.O.M.M. Providers to assess me as an individual and to measure how I have benefited from the program.

LIMITS OF CONFIDENTIALITY

I understand that, when necessary, S.O.M.M. Providers and program-related staff of the Department of Correction, the court, probation and parole may share information with each other about my supervision needs without my consent.

MANDATORY DISCLOSURE OF UNCHARGED OFFENSES

I understand that, as part of the S.O.M.M. Program, I will be encouraged to discuss and take responsibility for each and every act of sexual violence that I have committed in order to gain fully from the program. I further understand the S.O.M.M. Providers must report the names of additional child victims I may disclose. It has been explained to me that by law, the S.O.M.M. Provider must contact the "Child protection Services" or "the Local Law Enforcement Agency" if they have "reason to believe that a child is a victim of child abuse or neglect" and if a report has not already been made. (IC 31-33-5 "Duty to Report Child Abuse or Neglect").

CONSENT AND RIGHT TO WITHDRAW CONSENT

As indicated by my signature below, I give my consent to participate in the S.O.M.M. Phase II Psychoeducational Program. I understand that participation is strictly voluntary. I understand that I may refuse to participate in the program without receiving a conduct report.

I understand that I retain the right to withdraw my consent for participation at any time. I will be given the chance to discuss my dissatisfaction with a S.O.M.M. provider before I withdraw my consent. I further understand that any withdrawal of consent must be made in writing. I understand if I withdraw my consent, I may not be allowed to return to the program and prior to my release, the court and probation / parole will be notified of either my refusal or withdrawal from participation.

Signature of offender	DOC number	Date (month, day, year)
Signature of S.O.M.M. provider		Date (month, day, year)

OR (To be completed only if Offender Refuses to participate.)

I have had the S.O.M.M. Phase II Program explained to me and I refuse to participate.

Signature of offender	DOC number	Date (month, day, year)
Signature of S.O.M.M. provider		Date (month, day, year)