

Juvenile Sex Offenders Removal Candidate Information Form

Client Information

Last Name	First Name	Middle	
Date of Birth	Current Age		
Mailing Address	City	Zip	County
Cell Phone Number	Home Phone Number		

Sex Offense Case Information

Case Number	Court County	Arrest Date	Disposition Date
Original Charges	Adjudication? Y N	Adjudicated Charges	Sentencing Judge
Circumstances of Offense			
Sentence:			

Victim Information

Last Name	First Name	Middle	
Date of Birth	Current Age	Victim Age at Time of Offense	Relationship to Victim
Mailing Address	City	Zip	County
Cell Phone Number	Home Phone Number		

Education

High School	Graduated Y N	Year	
GED	Completed Y N	Year	
College	Graduated Y N	Year	Area of Study
Degree			
Vocational Training	Certification Y N	Year	Area of Training
Participation In Any Extracurricular Activities/Clubs _____			

Juvenile Sex Offenders Removal Candidate Information Form

Employment Information

Current Employer			
Mailing Address	City	Zip	County
Phone	Supervisor		

Previous Employer			
Mailing Address	City	Zip	County
Phone	Supervisor		

Probation History for Sex Offenses

Probation Officer	Phone Number	Email Address	
Successful Completion of Probation	Y	N	
Completion of Conditions Of Probation			
Payment of Financial Obligations	Y	N	
Completion of Counseling Treatment	Y	N	
Dates Counseling Occurred:	Where Counseling Occurred:		

Probation History for Other Offenses

Probation Officer	Phone Number	Email Address	
Successful Completion of Probation	Y	N	
Completion of Conditions o			
Payment of Financial Obligations	Y	N	
Completion of Counseling Treatment	Y	N	
Dates Counseling Occurred:	Where Counseling Occurred:		

Subsequent Adjudications Subsequent Adult Convictions Arrest Record Prior To Sex Offense

Juvenile Sex Offenders Removal Candidate Information Form

Arrest Record Prior to Sex Offense

Subsequent Adjudications	

Arrest Record Subsequent to Sex Offense

Subsequent Adjudications	

Subsequent Adult Convictions	

Other Criminal History	

Juvenile Sex Offenders Removal Candidate Information Form

DFS History

DFS Custody as a Minor
If So, Years in Custody
Name of DFS Worker
Name of Guardian Ad Litem (GAL)/Court Appointed Special Advocate (CASA)

Treatment History

Are You Currently In Treatment	Y	N
If So, Who Is Your Treating Therapist		
Describe Current Treatment		
Describe Treatment For Sex Offense		
Treatment Provider	Dates Of Treatment	Successful Completion Y N
Treatment Provider	Dates Of Treatment	Successful Completion Y N
Treatment Provider	Dates Of Treatment	Successful Completion Y N

Potential Witnesses

Probation Officer			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		

Independent Living Worker			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		

Therapist			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		

Juvenile Sex Offenders Removal Candidate Information Form
Potential Witnesses Continued

Psychologist/Psychiatrist			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		

DFS Worker			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		

Guardian Ad Litem (GAL)/ Court Appointed Special Advocate (CASA)			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		

Foster Parents			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		

Prevention and Behavioral Health/Mental Health Worker			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		

Detention Staff			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		

Juvenile Sex Offenders Removal Candidate Information Form
Potential Witnesses Continued

Family Members			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		
Employers			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		

Expert Witness			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		
Clergy			
Mailing Address	City	Zip	County
Cell Phone Number	Work Phone Number		
Is There Any Other Person Who Would Speak Positively on the Youth's Behalf?			

Candidate's Statements

Why do you want removal from the Sex Offender Registry?

Please describe the hardship that having this registration has caused you including housing, education, employment, licensing, or travel?

What is your plan for the future?

Juvenile Sex Offenders Removal Candidate Information Form

Documentation Needed

Evaluations/Reports/Treatment Records/Progress Reports

Recommendation Letters Educational Recommendation

Letters - Employment

Must Obtain Copies of Any and All Evaluations and Treatment Records

Recent Evaluation and Expert Witnesses