

**Treatment Plan (Sex Offender for 6012 and 6022)**

**Vendor Name:**

**Person Under Supervision Name w/PACTS#:**

**Identify the issues to be addressed, including multi-generational issues if indicated, the planned intervention strategies, and the goals of treatment:**

**Define the person under supervision's expectations of treatment, the expectations of his/her family (when possible) and support systems of the treatment process, and address the issue of ongoing victim input (if possible):**

**Type and frequency of services to be received:**

**Specific criteria for treatment completion and the anticipated timeframe:**

**NOTE: Documentation of treatment plan review (including person under supervision's input), documenting continued need for treatment at least every 90 days, and the treatment Plan shall be attached to the monthly treatment report provided to the USPO after every revision, but at least every 90 days.**

**Person Under Supervision Signature w/date: \_\_\_\_\_ Vendor Signature**

**w/date: \_\_\_\_\_**

**COMMENTS:**