

**Treatment Plan (Sex Offender for 7013 and 7023)**

**Vendor Name:**

**Defendant Name w/PACTS#:**

**Identify the issues to be addressed, including planned intervention strategies and the goals of treatment:**

**Identify type and frequency of services to be received:**

**Identify specific criteria for treatment completion and the anticipated time-frame:**

**Provide information on family and any significant other involvement (i.e., community support programs, etc.):**

**NOTE: Provide documentation of treatment plan review (including defendant's input) documenting continued need for treatment at least every 60 days. Treatment Plans are to be attached to the monthly treatment report provided to the USPO/USPSO after every revision, but at least every 60 days.**

**Defendant Signature w/date:** \_\_\_\_\_

**Vendor Signature w/date:** \_\_\_\_\_

**COMMENTS:**