



**CONTACT/SAFETY PLAN**

**A plan will not be considered if it violates your Judgment and Sentence.**

\_\_\_\_\_  
Name DOC number Request date

\_\_\_\_\_  
Destination address Telephone number

\_\_\_\_\_  
Departure date Time Return date Time

Approved supervisor of contact/chaperone: \_\_\_\_\_

\_\_\_\_\_  
Attendee If minor: \_\_\_\_\_  
Age Gender

\_\_\_\_\_  
Case manager name Telephone number

1. What do you want to do?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are your risks and/or challenges associated with the activity?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What could happen that might trigger your personal risks? (e.g., temptation to use alcohol, minors in the area, near the victim)

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4. What safety measures do you have in place to manage the potential risk(s) listed in #2? (e.g., have an accountability person who knows your offense, use mental tools you've learned in sex offender treatment). How will you manage the situation if the victim shows up?

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By signing below, I understand that if I do not follow this plan as written, I can be sanctioned for failing to comply with my sex offender treatment plan, which could include termination of treatment and/or confinement time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treatment provider

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case manager

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Case manager file    **COPY** - Supervised individual, Treatment provider