



# Council on Sex Offender Treatment

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Budget ZZ118  
Fund 087

## INITIAL ELIGIBILITY CHECKLIST FOR DEREGISTRATION EVALUATION

(Please Print)

Attorney of Record: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Registered Sex Offender's Full Name/Address: \_\_\_\_\_

SS Number: \_\_\_\_\_ DOB: \_\_\_\_\_

A **formal written request** along with copies of the following information including **supporting documentation** shall be submitted in order for the Council to determine the eligibility for the deregistration evaluation:

Record Information/Documents (For Council use only)	(For Council use only)	Notes (For Council use only)	Initials/Date (For Council use only)
Offense of conviction or adjudication with Penal Code (Note: If the conviction or adjudication involves a child, please indicate the age of the child victim <u>and</u> your age at the time of the conviction or adjudication).			
Has not been convicted of <u>any offense for which imprisonment for more than 1 year may be imposed</u> as verified by a current federal and state criminal history check.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has not been convicted of any additional sex offense including misdemeanors during the required registration period.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has successfully completed an appropriate sex offender treatment program as defined in Texas Administrative Code, 810.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Has successfully completed any periods of supervised release, probation, and parole. Any revocation disqualifies the offender.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
\$50 Fee Paid (must write Council on Sex Offender Treatment on the Memo Line)	<input type="checkbox"/> Yes <input type="checkbox"/> No		