



# SUPERVISION FORM

DSHS  
 PLCU/CSOT  
 MAIL CODE 1982  
 PO BOX 149347  
 Austin, TX 78714-9347  
 Phone (512) 834-4530  
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The purpose of this form is to provide CSOT with documentation of assessment and treatment of sex offenders provided by the ASOTP or PSOTP and documentation of supervision provided by the LSOTP.

NAME OF ASOTP or PSOTP \_\_\_\_\_ LICENSE# \_\_\_\_\_

NAME OF LSOTP \_\_\_\_\_ LICENSE # \_\_\_\_\_

| Date<br>Month/Day/Year | Total<br>Time | Type of Supervision<br><input type="checkbox"/>                    | Activity | LSOTP Initials |
|------------------------|---------------|--|----------|----------------|
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |
|                        |               | <input type="checkbox"/> Individual <input type="checkbox"/> Group | 1 2 3    |                |

Total Number of Hours for:

Individual \_\_\_\_\_ Group \_\_\_\_\_ Assessment \_\_\_\_\_ Face-to-Face Supervision \_\_\_\_\_

Activity Code:

- 1-Direct Clinical Sex Offender Treatment
- 2-Face-to-Face Supervision
- 3-Assessment

**ASOTP or PSOTP Attestation:**

- X I attest that the information provided on this form is true and correct.
- X I understand that as an ASOTP or PSOTP, I shall receive face-to-face supervision at least one hour per month per 20 hours of assessment and treatment with a minimum of 2 hours per month during any time period in which the ASOTP or PSOTP provides sex offender treatment unless exempt under subparagraph 810.3(3)(B)(ii).
- X I agree to abide by the rules and regulation of the Council on Sex Offender Treatment. Further, I understand that it is a violation of the Texas Penal Code Section 37.10 to submit a false statement to a government agency.
- X I understand that I must submit this completed form to the council when I renew my registration.

**LSOTP Attestation:**

- X I attest that the information provided on this form is true and correct .
- X I understand that an ASOTP or PSOTP shall receive face-to-face supervision at least one hour per month per 20 hours of assessment and treatment with a minimum of 2 hours per month during any time period in which the ASOTP or PSOTP provides sex offender treatment unless exempt under subparagraph 810.3(3)(B)(ii).
- X I agree to abide by the rules and regulations of the Council on Sex Offender Treatment. Further, I understand that it is a violation of the Texas Penal Code Section 37.10 to submit a false statement to a government agency.
- X I understand that I must submit this completed form to the council when I renew my registration

\_\_\_\_\_  
Signature of ASOTP or PSOTP

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of LSOTP

\_\_\_\_\_  
Date

**STATE OF TEXAS**

**COUNTY OF**

Sworn and subscribed to me, the undersigned authority, on this \_\_\_\_\_ Day of \_\_\_\_\_, 20

**NOTARY SEAL**

\_\_\_\_\_  
Notary Public Signature