

Sex Offender Registry Modification Evaluation Application

The following application is for individuals on the Sex Offender Registry who are requesting a sex offender risk assessment as part of the Sex Offender Registry modification process outlined in Iowa Code 692A.128.

If you would like to request a risk assessment for this purpose, please complete the application below. A \$200 application fee will be required at the time this application is submitted. Your application will not be processed without this application fee. Should your application be granted, and an assessment is scheduled, this application fee will be added to the \$600 assessment fee. If an assessment is granted the remaining \$400 assessment fee will be required at the time of the assessment interview. If requested by the defense attorney or client, an additional \$600 fee will also be assessed should the evaluator or designee be required to testify virtually. If travel is required and in person attendance is required in court as part of the modification request, the fee will be \$1000. Payment is required prior to testimony. It should be noted that completing this application does not constitute a risk assessment and does not guarantee you will be granted an assessment. It should also be noted that having an assessment completed does not guarantee you will have your Sex Offender Registry modified. Also be aware that you will be required to sign releases of information for past records and professional consultation regarding your modification request.

A modification, reduction, or termination of sex offender registration requirements in Iowa (via Iowa Code 692A.128) does not automatically remove, alter, or satisfy registration obligations in other states.

To be considered eligible, all fees associated with the offense that prompted registration must be paid, including victim restitution, fines, court costs and treatment fees.. If you believe you should be entitled to an exception to this requirement, please explain below or with an attachment. Exceptions will be reviewed.

Applicant Name: _____

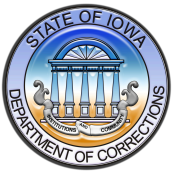
Date of Birth: _____

Current Address: _____

Phone Number: _____ Email Address: _____

How many sexually related charges do you have? _____

Were you charged with your sex offense as a juvenile or adult? Juvenile Adult



Iowa Department of Corrections

What State and County were you originally charged? _____

Date originally placed on the Sex Offender Registry: _____

Have you been in jail or prison while on the registry? YES NO

If so, when and why? _____

Were you Court Ordered to complete Sex Offender Treatment? YES NO

If yes, did you complete Sex Offender Treatment, "age out" of the juvenile system, or have your supervision discharged successfully prior to completing treatment? YES NO

When completed, please return this application to:

*DOC- Central Office
Attn: SOTP
510 E. 12th Street
Des Moines, Iowa 50319*

Please make your check or money order payable to: **"Treasurer-State of Iowa"**, with **"SOR Modification App Initial Fee"** written in the memo line. Payment needs to be attached to your application. Please remember that your application will not be processed without payment of the application fee.

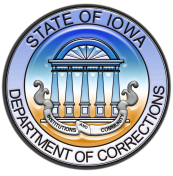
* Please note that we will reply to your request by either phone, email, or mail. By providing the above contact information you are allowing the Iowa Department of Corrections to communicate and/or leave voice messages to you about this evaluation.

(Print Name)

(Date of Birth)

(Signature)

(Today's Date)



Sex Offender Registry Modification Evaluation Informed Consent

I, _____, understand that I will be completing the Sex Offender Registry Modification Assessment for the purpose of identifying my eligibility for modification.

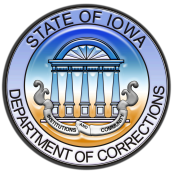
Specifically, the assessment is used:

- 1) to investigate my specific risk factors and identify my risk to sexually reoffend;
- 2) for reporting treatment progress and/or completion that I may have made;
- 3) to verify my eligibility based on the commencement of the requirement to register on the Sex Offender Registry pertaining to Iowa Code 692A.128 (2)(a);
- 4) if on probation or parole, to determine if the District Director stipulates to the modification pertaining to Iowa Code 692A.128(2)(e).

The Assessment will consist of a clinical interview, a file review, collateral communication, and psychological testing. The clinical interview will request that you talk about your sex offense and behaviors surrounding your charge(s). Revealing such intimate information may produce temporary feelings of anxiety, nervousness, depression, and/or emotional upset. Should these feelings occur during or after the assessment, I will contact Iowa Department of Corrections staff who will provide therapeutic referrals as needed.

My signature on this form indicates my agreement with the following:

- I freely, voluntarily and without coercion, do hereby consent to the unrestricted communication between Iowa Department of Corrections, the Court of Jurisdiction, the County Attorney, the Attorney General's Office, Iowa Department of Public Safety, and other correctional and treatment agencies to whom I have previously received services from.
 - I understand that any admission of illegal, abusive/intimidating behavior will be reported to my probation/parole officer, law enforcement officers, the victim of the offense, and county attorney, and any counseling agency or educational program with which I may be involved.
 - I understand that my partner and/or other appropriate persons may be contacted to obtain or verify information if necessary. I am aware that family members or other appropriate persons may contact the staff at any time if they wish to provide information about my behavior.
 - I understand that by signing this release/informed consent form, I agree to all terms and conditions contained herein and that I indemnify and hold harmless the Iowa Department of Corrections.
 - I agree that all provisions of this agreement will remain in effect until my connection with the Sex Offender Program has ended.
 - I agree that if significant time elapses between the issuance of the evaluator's report and the date of a hearing, the evaluator may request that you meet with the evaluator again and/or provide written information concerning any post-evaluation developments that are viewed as being pertinent to the assessment. I agree that if 1 year elapses between the issuance of the
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evaluator's report and date of hearing, I may be required to complete a new evaluation and be assessed the full \$600 fee.

My signature below indicates that I have received, read, understand, and will abide by these procedures.

Name (Printed): _____ Signature: _____

Witness: _____ Date: _____

