

CERTIFICATION OF COMPLIANCE WITH DOC-RECOMMENDED TREATMENT

Dear Vermont Crime Information Center:

This letter is to certify that I:

_____ (print your name and date of birth)

entered sex offender treatment on _____ (date)

with _____ (name of treatment provider.)

Below is the signature of my treatment provider certifying that I am currently in good standing in their program.

_____ Treatment Provider (print name)

_____ Telephone

_____ Treatment Provider (signature)

_____ Date

My signature below indicates my permission for Vermont Crime Information Center staff to contact my treatment provider to verify my compliance in their sex offender treatment program as of this date.

_____ Offender Signature

_____ Date

**** This form must be completed every month by you starting from the date of your parole or furlough expiration. It must be sent prior to the 1 month deadline to: Vermont Criminal Information Center (VCIC), 103 South Main Street, Waterbury, VT 05671-2101. If VCIC does not receive this completed form every month, you will be placed on the Internet Registry as being in non-compliance with treatment. You must submit this form every month until your treatment provider writes a letter to the Sex Offender Review Committee stating that you have completed treatment & the Committee accepts it. I understand my above responsibility.**

Sex Offender Signature: _____

Caseworker/PO Signature: _____

Date: _____