



TENNESSEE DEPARTMENT OF CORRECTION

SPECIALIZED PROBATION CONDITIONS FOR SEX OFFENDERS

Name: \_\_\_\_\_ TDOC Number: \_\_\_\_\_ Docket Number: \_\_\_\_\_

I have been advised of the requirements/conditions that I am required to comply with under Tennessee law pursuant to T.C.A. §§ 39-13-705, 39-13-706 and 40-39-201 et seq.

\_\_\_\_\_  
Initials

The following conditions may be waived by the sentencing court during the time that the offender is under the sentencing court's supervision/jurisdiction.

\_\_\_\_\_  
Initials

1. Unless prohibited by my treatment plan pursuant to T.C.A. § 39-13-705, I agree to only use the internet for legitimate purposes and not access any material designed for the arousal of sexual interest in minors under the age of 18. I will not access the Darknet, Darkweb, or other networks that cannot be accessed using traditional browsers or search engines. I further agree not to take any action to conceal or use any program to alter or delete my internet usage and/or browsing history.

\_\_\_\_\_  
Initials

Waived by Court: \_\_\_\_\_ Date: \_\_\_\_\_

2. I agree to provide to my supervising officer an inventory of internet capable devices that I use or possess and will update my supervising officer of any changes in that information or inventory immediately.

\_\_\_\_\_  
Initial

Waived by Court: \_\_\_\_\_ Date: \_\_\_\_\_

3. I agree to allow my supervising officer to search all of my internet capable devices to ensure compliance with the requirement of only using the internet for legitimate purposes as described above.

\_\_\_\_\_  
Initial

Waived by Court: \_\_\_\_\_ Date: \_\_\_\_\_

4. I submit to and pay for a polygraph assessment and evaluation as instructed by my Officer.

\_\_\_\_\_  
Initial

Waived by Court: \_\_\_\_\_ Date: \_\_\_\_\_

5. If convicted of an offense against a minor, I will not enter into contact with any child under the age of 18 nor will I date, befriend, reside or unite with anyone who has children under the age of 18, except if those children are biologically mine, unless further restricted by applicable law or court order. I will report all incidental contact with children to the treatment provider and my Officer.

\_\_\_\_\_  
Initial

Waived by Court: \_\_\_\_\_ Date: \_\_\_\_\_

6. I will not enter into contact with anyone who is unable to give consent due to mental, physical, or emotional limitations, unless an adult is present who my Officer and my treatment provider have approved in advance, in writing, to act as a chaperone.

\_\_\_\_\_ Initial

Waived by Court: \_\_\_\_\_ Date: \_\_\_\_\_

I have read or have had read to me the above supervision conditions and fully understand them, as evidenced by my initials next to each item. I understand these conditions are designed to assist me in avoiding high-risk situations and to limit my access to potential victims. I understand that all conditions apply to me until my Officer, treatment provider, and/or the Court determines otherwise

I understand that if I do not agree with any condition listed above, I have the right to petition the Sentencing Court for a modification. Any release from these conditions will be provided to me in writing.

Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sentencing Judge Signature: \_\_\_\_\_ Date: \_\_\_\_\_