

**Georgia Department of Corrections  
Risk Reduction Services  
Sex Offender Psycho-Educational Program  
Group Contract**

**Assignments**

I will complete all readings, exercises, program plans, or other required exercises during group sessions or homework assignments. I understand that all homework will be completed as assigned.

I will complete a written history assignment during the first and ninth week of my involvement in the Sex Offender Psycho-educational group sessions. The history assignment will include, but not be limited to:

- a. My past progression of offenses, fantasies, victim/victim access, and my state of mind during the offense;
- b. Any sexual and/or physical victimization that has happened to me;
- c. My history of sexual behavior other than outright offenses; and
- d. How I kept my program secret and avoided getting caught.

**Attendance Requirements**

I will attend all group sessions and report on time as required of the Sex Offender Psycho-educational Program group contract.

I understand that there will be no excuse for missing group sessions except for a medical emergency that can be verified in writing by medical staff.

**Education**

I understand if I do not have a high school diploma, I must enroll in the education program at the institution where I am assigned. I recognize that achieving a high school diploma/GED is one step toward taking responsibility for making necessary changes in my life. I understand my performance in the education program will be monitored and forwarded to the Parole Board.

**General Behavior Condition**

I will have no contact with any victims of my sexually aggressive behavior. I understand, "no contact" includes but is not limited to: physical, visual, written, and telephone contact. I will not encourage anyone else to have such contact with any of my victims on my behalf.

I will not have in my possession or view any pornographic material at any time. I understand that the GDC staff may require me to dispose of or restrict my viewing of any

other material that they deem to be sexually aggressive or destructive to my treatment and the goal of stopping my sexually aggressive behavior.

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**Group Session Behavior**

I will actively participate in the SOPP group sessions to the satisfaction of GDC staff and other group members. I understand that participation includes talking about self and my behavior, confronting others, bringing up important individual and group issues, participating in role-playing, demonstrations, etc. and engaging in general discussions.

**Honesty**

I agree to be completely honest during all SOPP group sessions and assume full responsibility for my offenses and my behavior. I understand that being honest includes not giving false information as well as not leaving out important information.

**Confidentiality**

I will not disclose the identity of or any information regarding another Offender to anyone outside this program unless required by an appropriate authority in an emergency situation where a staff member is not available.

**Restitutions**

I will cooperate with and provide information to any legitimate professional as required. I will only fulfill this requirement as requested by a GDC staff member.

**Completion of Program**

I understand that my attendance and participation do not guarantee an immediate parole. My performance will be evaluated and that evaluation will be referred to the parole board. My performance will be evaluated and referred to the Parole Board for final disposition.

**Treatment Upon Release**

Upon release I agree to actively pursue treatment.

**Re-Offending Upon Release**

I will not frequent places that may cause me to re-offend. If I am tempted, I will contact my probation officer or parole officer. I will not commit any type of criminal offense whatsoever, including any sexual offense. I will not engage in any sexually aggressive behavior, either physically or verbally, that is considered criminal. Inflicting physical harm on an animal or setting a fire is offending behavior. If I violate this condition, I will notify GDC or law enforcement of my offense.

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**Violation of Contract**

I understand the parole office and/or the Georgia Department of Corrections will be notified immediately of any violation of this contract. I also understand that local or state police departments may be contacted, if necessary, to maintain victim or community safety. I understand and agree that any violation of the conditions of this contract may be grounds for termination from this program, which will be at the discretion of the staff. I further understand and agree that, after consultation, staff may terminate my participation in the program for any problem behavior not outlined above.

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**Signature Sheet**

**I \_\_\_\_\_, have read or have had read to me the  
(Offender name and state identification number)  
Sex Offender Psycho-Educational Program Group Contract.**

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Assignment** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Attendance** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Education** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **General Behavior Condition** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Group Session Behavior** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Honesty** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Confidentiality** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Restitution** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Completion of Program** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Treatment Upon Release** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Re-Offending Upon Release** section.

\_\_\_\_\_ (Offender Initials) I agree to abide by the rules outlined in the **Violation of Contract** section.

\_\_\_\_\_  
Offender's Signature and State Identification Number

\_\_\_\_\_  
Date

Witnessed: \_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

Witnessed: \_\_\_\_\_  
Chief Counselor

\_\_\_\_\_  
Date