

SOUTHERN DISTRICT OF INDIANA U.S. PROBATION OFFICE

Sex Offender Questionnaire for the Month of _____

Name _____ Officer _____

1.	Have you accessed the Internet on an unmonitored/unapproved computer or Internet capable device during the month?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Has someone else accessed the Internet on your behalf? If so, who and for what purpose? Name: _____ Phone _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Do you have Internet access at your employment? Name of supervisor: _____ Phone _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Have you had unapproved contact with any minor(s) (any child under the age of 18) during the month?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5.	Have you been alone with any minor(s) during the month? If so, please explain on the back of this form.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6.	During the month, have you frequented sex shops, adult video/bookstores, or any establishment promoting nudity (gentlemen clubs, topless bars, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7.	Have you frequented places where children congregate (swimming pools, parks, schools, arcades, amusement parks)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8.	During the month, have you viewed pornography (via magazines, etc.)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9.	Have you viewed pornography via the Internet, a computer, or Internet capable device during the month?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10.	Have you been involved in a romantic relationship during the month? If yes, please answer questions 10a-10d.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10a.	Does your significant other have children? If yes, answer 10b.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10b.	Do the children reside with your significant other?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10c.	Does your significant other and/or children have access to the Internet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10d.	Is your significant other aware of your sexual history and criminal conviction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	What is the name and phone contact of your significant other? Name _____ Phone _____		
11.	Have you stayed overnight at any location other than your reported address? If yes, please answer questions 11a-11c.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11a.	Where did you stay? Provide address.		
11b.	Who was present?		
11c.	Were there minors present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12.	Have you complied with sex offender registration procedures with the State of Indiana? Last date you updated your registration _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13.	When is your next registration due? _____		
14.	During the month, have you purchased or accessed any electronic equipment (cellular telephones, video games, other mobile devices) that has Internet access capabilities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15.	If applicable, have you paid your monthly computer monitoring fees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

WARNING: ANY FALSE STATEMENT MAY RESULT IN REVOCATION OF YOUR PROBATION, PAROLE, OR SUPERVISED RELEASE, IN ADDITION TO 5 YEARS IMPRISONMENT AND A FINE OF \$250,000 (18 U.S.C. § 1001)

Signature _____

Date _____