

Application to Become an Approved Support Person
(Please fax to (303) 307-2725~ note additional page attached if needed)
PLEASE USE BLACK INK ONLY WHEN FILLING OUT THIS FORM, THANK YOU!

Personal Information:

First Name:	Last Name:
Current Address:	
Telephone #'s	

Relationship with Offender:

Are you related to offender? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
What is your relationship?
How long have you known the offender?
Where/How did the relationship develop? (if not related)
Are you on his telephone contact list? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Are you on his visiting list? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

Offender:

Offender Name:	Doc#
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Victimization/Protection Order:

Have you ever been a victim of the offender? (This includes any acts of domestic violence, sexual abuse and/or assault)
If yes, please describe the nature of the abuse, including the approximate number of incidents, your age and the offender's age during the period the abuse occurred:

Have you ever victimized the offender? (This includes any acts of child abuse or neglect, domestic abuse, sexual abuse and/or assault)
If yes, please describe the nature of the abuse, including the approximate number of incidents, your age and the offender's age during the period the abuse/neglect occurred:

Has there ever been a protective order issued to protect you from the offender?
If yes, please state approximate date(s) and year(s) the protective order was issued:

Criminal History:

Have you EVER been arrested? Yes [] No []
Have you EVER been charged with any felony? Yes [] No []
Were you convicted? Yes [] No []
Have you EVER been arrested, charged, or convicted of any misdemeanor? Yes [] No []
Have you EVER been incarcerated or detained in a correctional facility or jail? Yes [] No []
Has there EVER been a protective order issued against you? Yes [] No []
Do you have any current pending criminal charges? Yes [] No []

If you answered “yes” to any of the criminal history questions above, list each offense, charge, and/or order, the corresponding month and year of the same, the disposition of each, the issuing or arresting agency, city and state below:

Offense	MM/YY	Outcome	Arresting Agency	City & State

Are you presently on probation/parole or any other form of criminal justice supervision? If yes, provide probation/parole office’s name and phone number below:

Have you EVER abused anyone? (This includes any acts of child abuse or neglect, domestic abuse, sexual abuse, and/or assault) If yes, please explain, include what happened and the year(s) this occurred:

Relationships with Other Offenders (other than the offender you are applying to support)

Are you related to any other offender under the supervision of the criminal justice system? (Including probation or parole) Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Within the last two (2) years have you visited any other DOC offender? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Are you currently or have you EVER been a Support Person or a Parole Sponsor for any other DOC offender? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] If so, please use space below to explain who else you have supported or are currently supporting.
Are you applying to be a Support Person for more than one DOC offender? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Do you currently have any legal actions involving any DOC offender? Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

If you answered “yes” to any of the seven (7) questions above, please explain:
(Include names, DOC #, relationship, facility, and period below)

Explain	Name & DOC #	Relationship	Facility	Period

Other Personal Information:

Are you the primary caretaker or guardian for anyone under the age of 18? Yes []
No []

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CONSENT TO PERFORM BACKGROUND CHECK

For the Colorado Department of Corrections Support Education Program

Personal Information:

Last Name	First Name	Middle

Any Other Names by Which You Have Been Known (Including Maiden Name)

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Date of Birth (month/date/year)

Gender (circle one)

	Male	Female
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Current Physical Address (Street, number, City, State, Zip)

Telephone Number (Area code first)

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Drivers License (License number and State)

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Offender You Are Applying to Support:

Offender Name: Colorado CoSA Core-Members	DOC#
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I understand that this form is the first step in becoming an approved support person. I certify that all statements on this form are true. I understand that false information can delay the application process and can also cause denial of my application to be an approved support person. I hereby authorize representatives of the Colorado Department of Corrections Sex Offender Treatment and Monitoring Program bearing this release to make all appropriate inquiries regarding my background and to obtain any information pertaining to my personal background and activities from Criminal Justice and Motor Vehicles agencies. This information will include criminal record information.

I agree that a photocopy or telephone facsimile of the authorization shall be valid as the original.

Print Name

Signature

Date

Please fax to 303-307-2725 or mail to:

Department of Corrections-SOTMP

PO BOX 392004

Denver, CO 80239-8004

General Colorado CoSA Volunteer Approval Criteria

1. The following factors will be considered by the SOTMP team when determining whether a potential support person will be approved:
 - Is not currently under the jurisdiction of any court or criminal justice agency for a matter that the team determines could impact his/her capacity to safely serve as an approved support person;
 - Has no prior convictions. If ever accused of interpersonally violent behavior, unlawful sexual behavior, or child abuse, presents information requested by the team so that the team may assess current impact on his/her capacity to serve as an approved support person;
 - Does not participate in criminal activities;
 - Has agreed to undergo a criminal history background check utilizing NCIC/CCIC and other court and criminal justice records;
 - Has no significant cognitive or intellectual impairment;
 - Has no substance abuse or significant mental health problems;
 - Has no significant health limitation that interferes with the ability to support the offender;
 - Has adequately resolved any issues regarding personal history of victimization;
 - Has no history of the offender perpetrating domestic violence or any other form of victimization against him/her;
 - Has not perpetrated domestic violence or any other form of victimization against the offender;
 - Is not hostile toward systems designed to intervene;
 - Is willing to maintain open communication with the treatment providers and parole officers and report offender behavior;
 - Is willing to maintain the goal of “no more victims” and community safety;
 - Does not participate in victim blaming;
 - Is 21 years old or older.
2. Additional factors that will be considered include, but are not limited to: participation in the support education program, ability to support the offender’s change efforts, ability to acknowledge the seriousness of the offending behavior, ability to hold the offender accountable as described in number 2, ability to support the treatment and supervision rules and requirements, and positive participation in the therapist facilitated disclosure meeting to receive and review the offender’s risk management plan.
3. An approved support person will not support more than one offender with a sex offense at a time unless approved by the SOTMP administrator.