

# SEX OFFENDER MANAGEMENT BOARD

Procedure for Juvenile Standards

## *REQUEST FOR STANDARDS VARIANCE*

When an Approved Provider wishes to provide treatment services that do not meet the requirements of the Juvenile Standards, he/she may submit this request to the Sex Offender Management Board (SOMB). Please refer to the SOMB Standards Variance Process Policy Statement for further information related to completing this Request for Standards Variance Form. Finally, all Requests for Standards Variance shall be submitted to the SOMB prior to providing treatment that does not meet the requirements of the Juvenile Standards.

Standards variances will only be granted in **extraordinary** circumstances. In order to request a variance, you will need to complete the following:

Approved Provider Name \_\_\_\_\_  
(Circle all that apply)      Full Tx      Assoc Tx      Full Eval      Assoc Eval      Polygraph Exam

Date of Request \_\_\_\_\_

1. Client's Index Offense and Date of Adjudication:

\_\_\_\_\_

2. Length of time in treatment:

\_\_\_\_\_

3. Why are you requesting this Standards variance? Please identify specific barriers to compliance with the Juvenile Standards.

\_\_\_\_\_  
\_\_\_\_\_

4. List the Standard and Standard number for which you are requesting a variance.

\_\_\_\_\_  
\_\_\_\_\_

5. Describe the proposed variance from the Standard listed above.

\_\_\_\_\_  
\_\_\_\_\_

6. Describe how the proposed variance addresses victim safety?

\_\_\_\_\_  
\_\_\_\_\_

7. Describe how the proposed variance addresses community safety?

\_\_\_\_\_  
\_\_\_\_\_

8. How does the proposed variance comply with the Guiding Principles?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. How will supervision be maintained?

\_\_\_\_\_

10. What is the time frame for the use of the proposed variance?

\_\_\_\_\_  
\_\_\_\_\_

The SOMB has the authority to set forth specific program conditions during the time frame of the proposed variation. This may include requiring the provider to submit to periodic documentation to the SOMB regarding how the Standard variation is working, identifying any benefits and/or challenges. Variances are intended to be temporary and shall not exceed a period of two years.

**Providers must collaborate with all members of the MDT. Letters of support or concern are required to be submitted with the variance from each of the following:**

1. **Victim Representative (may include a letter from the victim)**
2. **Defense Counsel**
3. **Prosecuting attorney**
4. **Probation officer**
5. **Juvenile/Parent/Caregiver**

**\*Note: if a provider is unable or unwilling to provide a letter regarding this request, please attach documentation of the attempt to gather the above information and how any known information was incorporated into the variance request.**

**SOMB Response**

Date requested: \_\_\_\_\_

Date of response: \_\_\_\_\_

Reviewed by:       SOMB staff       \_\_\_\_\_

                          ARC                   \_\_\_\_\_

                          SOMB                   \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_