

SEX OFFENDER MANAGEMENT BOARD

Procedure for Adult and Juvenile Standards

REQUEST FOR STANDARDS VARIANCE

*SPECIFIC TO COURT ORDERED CONTACT WITH OWN SIBLING**

In response to recent revisions to the terms and conditions of probation (pursuant to the court ruling in United States vs. Burns, 775 F. 3d 1221 (10th Cir. 2014), the SOMB has implemented an additional variance process for cases in which contact with minor siblings has not been prohibited or restricted. This process is intended to serve as a mechanism for Approved Providers to treat clients in accordance with the court orders while the *Standards and Guidelines* preclude such contact. If an Approved Provider wishes to provide treatment services in such cases, he/she must submit this request, prior to providing treatment that does not meet the requirements of either the Adult or Juvenile *Standards and Guidelines*, to the Sex Offender Management Board (SOMB).¹ Please refer to the SOMB Standards Variance Process Policy Statement for further information related to completing and submitting this form.

Approved Provider Name _____

(Circle all that apply)

Full Tx

Assoc Tx

Full Eval

Assoc Eval

Polygrapher

Name of Client _____ Date of Request _____

Client's Index Offense and Date of Conviction/Adjudication: _____

Is the victim of the index crime a minor? _____ Yes _____ No

Is the victim of the index crime a sibling? _____ Yes _____ No

Length of Time Client in Treatment: _____

I am requesting a waiver of the following Standard(s) because the Court gave my client permission to have contact with his/her sibling (please attach Court Order):

Adult Standards

☐ 5.720

☐ 5.723

☐ 5.724

☐ 5.740

Juvenile Standards

☐ 8.100

☐ 8.320

List any other Standard(s) and the Standard(s) number for which you are requesting a variance and indicate if you are referring to Adult or Juvenile Standards. _____

The SOMB has the authority to set forth specific program conditions during the time frame of the proposed variation. It is expected that the provider will notify the ARC when the variance is no longer needed and the reason for such in writing.

Signature of Provider _____

Date _____

I am requesting to terminate the variance for the above named client for the following reason(s):

- ☐ Successful discharge from treatment
- ☐ Unsuccessful discharge from treatment
- ☐ Neutral discharge from treatment
- ☐ Contact with minor sibling is now restricted

Signature of Provider _____

Date _____

SOMB STAFF USE ONLY

Date variance requested: _____ Date of response from staff: _____

Reviewed by: SOMB staff _____ ARC _____

¹ In the Juvenile Standards, the MDT is empowered to make decisions based on the individual risks and needs of the client and as such a variance may not be needed in cases involving siblings.

*An own minor sibling is a person under the age of 18 with whom the adult sex offender or the juvenile who committed a sexual offense, has a brother or sister role, including but not limited to, biological, adoptive and step-brothers and sisters.