

Colorado Sex Offender Management Board

**REQUEST FOR EXTENSION
OF THE DEADLINE FOR THE
INTENT TO APPLY FOR LISTING
TO THE
ADULT AND JUVENILE
PROVIDER LIST
POLYGRAPH EXAMINERS ONLY**



**Colorado Department of Public Safety
Division of Criminal Justice
Office of Domestic Violence and Sex Offender Management
Sex Offender Management Board
700 Kipling Street, Suite 3000, Denver, CO 80215
<http://dcj.somb.state.co.us/>
Telephone: (303) 239-4526 or 4199
Fax:(303) 239-4491**

**REQUEST FOR EXTENSION OF
THE DEADLINE FOR THE INTENT TO APPLY FOR LISTING TO
THE
ADULT AND JUVENILE PROVIDER LIST**

Who should complete this form?

Individuals who have an active Intent to Apply on file with the SOMB and are working towards listing status on the Sex Offender Management Board's adult and juvenile approved provider lists, but have not met all the requirements to submit the application by the deadline and wish to request more time to get into compliance with the *Standards*. Please refer to Section 4.100 of the *Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Adult Sex Offenders*, published by the Sex Offender Management Board, revised 2011, and Section 4.100 of the *Standards and Guidelines for the Evaluation, Assessment, Treatment, and Supervision of Juveniles Who Have Committed Sexual Offenses*, revised 2014.

Applicant Name: _____
Agency: _____
Full Mailing Address: _____
Telephone #: _____ FAX #: _____
Email: _____

Supervisor: _____
Agency: _____
Address: _____
Telephone #: _____ FAX #: _____
Email: _____

- Adult Juvenile

Please provide the reason for your extension request: _____

Please describe your plan to complete the requirements in order to submit the application for Associate Level provider. _____

How much additional time do you anticipate needing to submit your application? Please note that extensions are granted in quarters/3 month periods of time (3, 6, 9 months or one full year) _____

By signing this form, both you and your Supervisor are agreeing to ensure that you will meet the requirements of the *Standards* in order to submit an application in the specified time to the SOMB.

Supervisor Signature

Date

Applicant's Signature

Date