

**PLS RESOURCES CHAPERONE PROGRAM**  
**Offender Report**

The offender for which you are receiving chaperone training must complete an offense history report. This report must include the official version (record on file with the court) of the offense. The probation officer or treatment provider must witness that the chaperone trainee has been told the official version of the offense. All individuals taking the Chaperone Program must read the offender report and sign on the signature verification line.

**Please Print Clearly** (Completed by the Offender)

Offender Name: \_\_\_\_\_ TDOC #: \_\_\_\_\_

Conviction Type (i.e. Rape, Incest): \_\_\_\_\_

Sentence Received: \_\_\_\_\_

I am currently on: \_\_\_ Probation \_\_\_ Parole \_\_\_ Life time supervision

Please check any of the following that pertains to your case:

\_\_\_ Served Jail time: \_\_\_ Amount Served

\_\_\_ Served Prison time: \_\_\_ Amount Served

\_\_\_ Completed a Prison Sex Offender Treatment Program

\_\_\_ Currently enrolled in a Sex Offender Treatment Program in the Community

My treatment provider is \_\_\_\_\_. I have been in treatment for \_\_\_\_\_ number of months.

\_\_\_ Have not participated in any Sex Offender Treatment Program

Number of Victims: \_\_\_\_\_

Victim(s) \_\_\_\_\_ own children \_\_\_\_\_ family members \_\_\_\_\_ non family members

Violence used in offense: \_\_\_ Yes \_\_\_ No (If Yes give a brief description)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Victim's Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Both

Victim (s) Age: \_\_\_\_\_



**Chaperone Trainee's Signatures:**

By signing below, I affirm that I have read this document and have knowledge of the official version of the offense:

Print Name:

Signature:

Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*\*\*\*\* This form must be mailed or faxed in before the class date.  
No one will be allowed to attend the Chaperone Training unless they  
have read and signed this report.**

**Fax Number: 931-432-5183**

**Mail Address: PLS RESOURCES  
P.O. Box 3623  
Cookeville, TN 38502-3623**

