



## VERIFICATION OF GENERAL ORIENTATION

Offender Name:

Date:

The following items have been read and/or explained to me and I fully understand my obligations to comply with them:

Initial

1. ☐ I understand that during the initial forty-five days of my supervision an assessment will be conducted by my officer using the LSI-R/ASUS, that the results will be discussed with me, and that a transition plan will be developed to address any identified criminogenic needs. The availability of community-based resources to address my needs will also be discussed. However, I may be referred for an evaluation or program prior to this assessment.
2. ☐ I have discussed with my officer the importance of structuring my time with pro-social activities. I understand that employment is a pro-social activity that can increase the likelihood of my success under supervision. I agree to maintain employment or participate in other approved pro-social activities for the duration of my supervision.
3. ☐ I have read, or had read to me, the rules and conditions of my supervision as ordered by the court or releasing authority. The Rules and Conditions reviewed during this meeting are  
☒ general ☐ specific  
to the supervision of my case and I have been provided a copy of these rules and conditions. If general Rules and Conditions are reviewed, once the specific Rules and Conditions are available, these will be discussed with me by my officer and I will be provided a copy.
4. ☐ My officer has reviewed with me the eligibility requirements for statutory termination of my supervision and how my behavior in addressing identified criminogenic needs and in complying with rules and conditions can result in advanced termination of supervision.
5. ☐ I understand that all monies paid to the Department of Corrections shall be paid through the automated banking system. I have been provided instructions for the automated banking system fee collection program. I will keep all receipts for all court related payments and will provide such as documentation of court related payments.
6. ☐ I have discussed with my officer how and where to file a grievance in accordance with OP-090124, Offender Grievance Process. Upon my request, I will be provided contact information for my officer's supervisor (listed below).
7. ☐ I understand that the Department of Corrections has a zero tolerance standard towards all forms of sexual abuse and sexual harassment between employees, volunteers, or contractors and offenders. Allegations of sexual abuse or sexual harassment may be reported to my officer's supervisor: \_\_\_\_\_ at \_\_\_\_\_  
**Ext.**  
or the Assistant Regional Supervisor: \_\_\_\_\_ at \_\_\_\_\_  
**Ext.**
8. ☐ I understand that supervision service are available to me 24 hours a day as explained by my officer and I have been provided a manner in which to access 24-hour services. The contact number for 24-hour services is: \_\_\_\_\_  
**Ext.**
9. ☐ I understand that violation of the Rules and Conditions of supervision can result in the imposition of sanctions or revocation. Possible sanctions may include but are not limited to: increased contacts, treatment referrals, curfew, community service, GPS placement, short term jail placement.
10. ☐ I understand that I am responsible for complying with any court ordered evaluations, assessments, treatment programs, or other service programs as ordered.
11. ☐ I agree and understand that the Oklahoma Department of Corrections may communicate electronically with me to provide appointment reminders, as well as other important information. Message and data rates may apply, meaning you may be charged by your carrier for receiving the text messages, just as you would for any text.

I agree to actively participate with my officer in the evaluation and assessment process as discussed and will make myself available as necessary for this process. I will provide all information requested for use in the evaluation/assessment process and will, based on the evaluation results, participate in the development of a Transition Plan that will serve to guide my supervision period.

My signature below indicates that I have had the information explained to me and I have received a copy of this document.

OFFENDER

OFFICER

OFFENDER NAME:

DOC#:

PID#:

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Printed:





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OFFENDER

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