CLIENT NAME: \_\_\_\_\_

## Additional Behavioral Expectations for Individual Accused/Charged with Sex Crime/Registered Sex Offender

<u>Client Name:</u>	<u>Birthda</u>	<u>ate</u>	<u>Client#</u>
_	OT engage in the following behav County Drug and Alcohol Services:		unacceptable while in
Check all boxes that are applicable.			
	I will not loiter on the premises (this means showing up on time for appointments and leaving promptly).  I will not initiate or be involved in intimate relationships with other clients.  I will not talk to or engage non-related children/teens on the premises.  I will not exchange personal information with other clients.  I will not offer or provide rides for other clients. I will not accept rides from other clients.  I will not display any inappropriate sexual behavior or language.  Other:		
I understand <u>any violation</u> of behavioral expectations will subject me to termination of program services at the sole discretion of Drug and Alcohol Services management without further review.			
Drug and Alcohol Services strongly encourages you to talk to your primary counselor or supervisor if you find yourself unable to meet these Behavioral Expectations. The unacceptable behaviors are included above, but are not limited to those cited. This is an addendum to other contracts already in existence.			
Client Signa	ture:	Dated:	
Staff Signat	ure:	Dated:	

Client MR#:\_\_\_\_\_