

**DEREGISTRATION CHECKLIST**

Respondent's Name: \_\_\_\_\_  
Cause Number: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

\_\_\_\_ 1. DA File      Offense(s) \_\_\_\_\_  
                         Age of Respondent \_\_\_\_\_      Respondent's Age Now: \_\_\_\_\_  
                         Number of Victims \_\_\_\_\_  
                         Age and Sex of Victims \_\_\_\_\_  
                         Single incident? \_\_\_\_\_      Offense Date: \_\_\_\_\_  
                         Threats or Force? \_\_\_\_\_      Duration of Abuse: \_\_\_\_\_  
                         Weapon? \_\_\_\_\_      If so, what? \_\_\_\_\_  
                         Penile Penetration? \_\_\_\_\_  
                         Denying offense? \_\_\_\_\_      Supportive Parent? \_\_\_\_\_  
                         Grooming? \_\_\_\_\_  
                         Prior Treatment Failures? \_\_\_\_\_  
                         Trial or Stip? \_\_\_\_\_      Adjudication Date: \_\_\_\_\_

\_\_\_\_ 2. Social History

\_\_\_\_ 3. Psychological      Date of Last Psych: \_\_\_\_\_  
                         Risk Assessment \_\_\_\_\_  
                         Recommendation \_\_\_\_\_

\_\_\_\_ 4. Any previous motions filed under 62.351 or 62.353? \_\_\_\_\_

\_\_\_\_ 5. Treatment Provider Progress Report      Treatment Provider \_\_\_\_\_  
                         Additional Victims revealed in treatment? \_\_\_\_\_  
                         Problems in treatment? \_\_\_\_\_  
                         Treatment successfully completed? \_\_\_\_\_      When? \_\_\_\_\_  
                         Current Maintenance Polygraph? \_\_\_\_\_

\_\_\_\_ 6. Probation Department Progress Report  
                         Probation Complete? \_\_\_\_\_      When? \_\_\_\_\_  
                         Compliant with terms? \_\_\_\_\_  
                         Current School Records? \_\_\_\_\_

\_\_\_\_ 7. TCIC/NCIC  
                         Criminal History? \_\_\_\_\_  
                         If so, what offenses and when? \_\_\_\_\_

\_\_\_\_ 8. Current Registration  
                         Respondent Registered now? \_\_\_\_\_

\_\_\_\_ 9. Victim(s) Contacted  
                         Victim opposed to excusing registration? \_\_\_\_\_

**Form and Recommendation completed by ADA** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_ Agree to excuse registration (Affidavit of Respondent in file)      **Victim Present for Hearing?** \_\_\_\_\_

\_\_\_\_ Agree to nonpublic registration

\_\_\_\_ Object to waiver of any requirements of Chapter 62

**JUDGE:** \_\_\_\_\_ **DECISION:** \_\_\_\_\_

**DATE:** \_\_\_\_\_