



Advocates For Change

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In an effort to better understand the financial costs required of those who have been convicted/adjudicated of a sex offense, Advocates For Change (AFC) has compiled the questions below. If you are under supervision in Colorado, please complete the following questions, to the best of your ability, so that AFC may utilize the data gathered in its work to better advocate for those who have committed a sex offense and their families.

The survey starts with background information, for context. Then the survey asks about program requirements and cost to you. You are not asked to provide your name, only the name of your SOMB approved treatment provider and phone/computer monitoring agency, if appropriate. All information will be reported in aggregate (for example, averages, totals, or ranges). No individual personal information will be reported.

- 1. Date you are completing the survey
2. Did someone help you complete this survey?
3. When were you sentenced?
4. Please indicate the type of your offense. Choose all that apply.
5. Please describe your sentence.
6. What did your sentence involve?
7. If you were convicted/adjudicated of one or more misdemeanors, what is the class of the most serious?
8. If you were convicted/adjudicated of one or more felonies, what is the class of the most serious?
9. What is your current risk level?
10. Are you currently on Probation?
11. in what Judicial District?
12. Are you currently on Parole?
13. to which Parole Office?
14. What is the amount of your monthly court ordered fees payment?
15. Do you have monthly fees for a tracking device?
16. Do you have monthly fees for drug or alcohol testing (UAs)?
17. Are you in offense specific treatment?
18. Who is your treatment provider or agency?
19. How long have you been attending sex offense specific treatment?
20. If you are in treatment, how often are you required to attend regularly scheduled group sessions?
21. How much does each group session cost?

Please turn over for additional questions.

22. If you are in treatment, how often are you required to attend regularly scheduled individual sessions?
 Not required Once a Month Other (please specify) _____
23. How much does each individual session cost? (Please indicate if your costs are paid by an agency such as CDOC Parole, etc. _____)
24. Are you required to attend any other provider treatment sessions that result in a cost to you? (For example, good decision making, substance abuse?) No Yes If yes, please specify _____
25. Are your family members required to attend any other provider treatment sessions that result I a cost to them or to you?
 No Yes If yes, please specify _____
26. Do you have regular access to a phone? (Choose all that apply)
 Have my own cell phone Have access to a phone through someone else
 Have my own landline I do not own or have regular access to a phone
27. Are you required to have your phone monitored? No Yes If yes, how often? _____
28. What is the cost of each phone monitoring? _____
29. What is the cost for the annual phone monitoring license fee? _____
30. What is the name of your phone monitoring provider? _____
31. Are you allowed to use a computer? Work use only Personal use Work & personal use No
32. Are you required to have your Computer monitored? No Yes If yes, how often? _____
33. What is the cost of each computer monitoring? _____
34. What is the cost for the annual computer monitoring license fee? _____
35. What is the name of your computer monitoring provider? _____
36. How often have you been required to take a maintenance polygraph? _____
37. How many sex history polygraph examinations have you taken? _____
38. What is the cost to you for polygraphs? _____
39. How many different polygraph providers/companies have administered polygraphs to you? _____
40. How often have you been required to take a PPG? _____ 42. a VRT? _____
41. What was the cost to you for a PPG? _____ 43. Cost for a VRT? _____
44. Does your treatment provider administer the PPG and/or VRT? No Yes
45. How often are you required to register on a routine basis with law enforcement?
 Monthly Quarterly Annually Other (please specify) _____
46. How often have you been required to re-register because you voluntarily changed residences? _____
47. How often have you been required to re-register because you were required to change residences as a condition of treatment, probation, or parole, etc.? _____
48. What city/county law enforcement agency do you currently register with? _____
49. What is the cost for each registration? \$ _____
50. Please list any other supervision related financial costs you or your family are required to pay as a result of your sex offense conviction/adjudication _____

51. Are you currently employed? No Yes 52. What is your gross monthly income? \$ _____
53. How much time do you spend during your regular work hours each month to travel to/from and to attend treatment sessions? _____ 54. Meeting with your supervising officer? _____
55. If you must take time away from work to attend meetings with your supervising officer or to attend treatment, does your employer allow you to make up the time or do you suffer a loss in pay? _____
56. What is your mode of transportation? Personal vehicle Public Transportation Friends/Family Other

Thank you for participating in the AFC Costs Survey