



TEXAS CIVIL COMMITMENT OFFICE

Civil Commitment Rules

SVP Name:

Date of Issuance:

Date of Commitment:

Cause No.:

I, _____, understand that I have been civilly committed pursuant to Chapter 841 of the Texas Health and Safety Code. I agree to abide by the following rules set forth by the Chapter 841 of the Texas Health and Safety Code, my Order of Civil Commitment and/or the Texas Civil Commitment Office (TCCO):

Rules for Which Violations May Result in Criminal Penalties under Section 841.085

Criminal penalties under Section 841.085 of the Texas Health and Safety Code may apply to violations of the following rules:

1. I agree to reside where instructed by TCCO. I understand that failure to do so may result in criminal prosecution.
2. I agree not to leave the state without TCCO permission. I understand that failure to do so may result in criminal prosecution.
3. I agree to submit to monitoring via a wearable global positioning satellite (GPS) monitoring system twenty-four hours a day, seven days a week. I understand that failure to submit to GPS monitoring, removing my GPS monitoring, or attempting to tamper with, alter, or destroy the GPS monitor or its functionality may result in criminal prosecution.
4. I agree not to contact, directly or indirectly, any victim of my offenses. I understand that doing so may result in criminal prosecution.

Rules for Which Violations May Result in a Move to a More Restrictive Environment

Violations of the following rules may result in a reduction of my supervision level or tier or return to a more restrictive environment:

5. I agree to abide by a child safety zone such that I shall not be within 1,000 feet of a perimeter of a location where children commonly gather including a school, day-care facility, video arcade, youth center, public swimming pool, or playground unless approved by TCCO.
6. I agree to live a responsible lifestyle; obey all local, state and federal laws and regulations; follow all requirements of my residential facility; and follow all supervision and treatment rules. I understand that a violation of local, state, or federal law may result in criminal prosecution pursuant to that law's guidelines.
7. I agree not to drink alcohol or use drugs and to submit to random alcohol and drug testing.

8. I agree not to use verbal or physical aggression towards myself or others and not to communicate with others in a manner that could be considered threatening, harassing, or obscene.
9. I agree to cooperate with authority figures including TCCO officials, law enforcement authorities, and staff at residential facilities.
10. I agree not to possess a driver's license or operator permit or to possess, own, or drive a motor vehicle without TCCO approval.
11. I agree not to possess, own, or operate photographic equipment, computer equipment, a cellular telephone, or any internet-capable equipment without TCCO approval.
12. I agree not to contact children under the age of eighteen or possess or display pictures of children without TCCO approval.
13. I agree to take prescribed medications as directed by the health care provider.
14. I understand that all contacts, including in person contact, telephone contact, and mail contact, must be approved by TCCO and that all mail, except legal or governmental mail, addressed to me will be reviewed by TCCO or facility personnel. I understand that my contacts may be required to attend training sessions with my treatment provider or to speak with my treatment provider and case manager. I understand that third-party contacts, three-way calling, and the usage of call-waiting are not permitted.
15. I will report and disclose all sources of income, goods, and services to TCCO.
16. I will disclose all bank accounts to TCCO and provide statements to TCCO at minimum on a monthly basis or more frequently upon request.
17. I will not open new credit accounts without TCCO authorization. I will disclose all existing credit accounts and provide statements to TCCO at minimum on a monthly basis or more frequently upon request.
18. I will not use fictitious names or aliases.
19. I understand that I must charge my GPS monitor as instructed by TCCO.
20. I agree to permit TCCO and/or my residential facility's staff to inspect my wearable GPS monitor and charging station and to immediately contact my case manager if my wearable GPS monitor becomes damaged or inoperable for any reason or if my wearable GPS monitor vibrates.
21. I agree to participate in and complete the treatment program. I understand that if I fail to make progress in treatment, I may be discharged from the program. I further understand that if I choose not to participate in treatment, my progress through the program may be hindered.
22. I agree to follow treatment rules made by the treatment provider or TCCO and to disclose and discuss all rule violations in treatment.
23. I agree to submit to testing as requested by my treatment provider including polygraph examinations and penile plethysmograph examinations.
24. I agree to attend other types of treatment as referred by my treatment provider or TCCO such as Anger Management or Substance Abuse Treatment and understand that I will be required to sign a release permitting that therapist to communicate with my TCCO treatment provider and other TCCO officials.
25. I agree not to reveal the identity of program participants or to discuss information learned during group treatment sessions with my family, friends, contacts or other TCCO clients outside of group treatment sessions.
26. I understand and agree that there will be open communication between my treatment provider(s), case manager(s), other TCCO officials, courts, medical or mental health authorities, law enforcement agencies, and my contacts or family. I understand that

information regarding my treatment and progress will be discussed with all professionals and agencies involved in my treatment and supervision or civil commitment.

27. I understand that what I discuss in individual treatment sessions may be discussed during group treatment sessions and that if I am discharged from the group, am arrested, or if I abscond my absence will be discussed with other group members.
28. I agree not to record any sessions, conversations, telephone calls, or other contacts with the treatment provider or clients in the program.
29. I agree not to engage in sexual behavior other than healthy sexual behavior and not to engage in deviant sexual behavior including deviant fantasies, deviant masturbation, cruising, voyeurism, pornography, sexual talk or jokes, sexual harassment, sexual following, flirting, fetishism, troilism, manipulation, obscene calls, adultery, domination, casual sex, multiple partners, internet sex, sadism or masochism, cross-dressing or role play, elimination, bestiality, and topless bars.
30. I agree that prior to engaging in sexual contact with a person with whom I have an established, committed, monogamous relationship I will inform the person of my sexual offenses and sex offender treatment and permit my treatment provider and case manager to communicate with my partner.
31. I shall not unlawfully possess, use, sell, or have under my control any weapon or unlawful weapon.
32. I shall pay the established fees for GPS, treatment, and housing.

Agreed and signed:

TCCO Client – Printed Name

Date

TCCO Client - Signature

TCCO Representative

Date