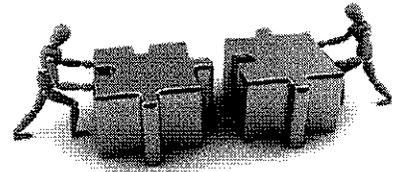


Cowlitz County

Sex Offender Advisory Council (SOAC)



RSO Level Reduction

In order to be considered for a level reduction, you must have and show proof of:

- No new sex offenses or offenses that involve sexual motivation.
- No new felony offenses that involve assault.
- No new offense with a Domestic Violence (DV) tag.
- Completed at least two (2) years of community supervision if your supervision is three (3) years or longer.
- Paid all court costs in full (or are actively paying).

If you have met the above requirements, you may request a level reduction by writing a letter to the SOAC Committee explaining:

- Why your level should be reduced.
- What you have done towards bettering yourself.
- Current employment status, living arrangements, marital status, etc.

Along with your letter, include at least three (3) letters of recommendation with two (2) of the letters being from non-family members.

If there are any concerns by the committee, some or all of the following conditions could be required before consideration of lowering your level:

- Provide completed sex offender treatment documentation (if available).
- That you submit to a polygraph or CVSA.
- That you submit to a Psycho Sexual Evaluation.
- Drug/Alcohol Treatment.

**Any special or extenuating circumstances will also be taken into consideration by the Committee.*

*Sex Offender Advisory
Council Members:*

*Cowlitz County
Sheriff's Office
(CCSO)*

*Longview Police
Department (LPD)*

*Woodland Police
(WPD)*

*Department of
Corrections (DOC)*

*Juvenile
Rehabilitation
Administration (JRA)*

*Cowlitz County
Prosecutors Office*

Treatment Provider

*Child Protective
Services*

Mail Requests to:

Cowlitz County Sheriff's Office - RSO Address and Residency Verification Unit
312 SW 1st Ave., Kelso WA. 98626

Island County Sheriff's Office

RISK LEVEL RECLASSIFICATION PROCESS FOR REGISTERED SEX OFFENDERS

If you feel you are able to meet the below guidelines, and feel that your situation has changed and merits review for a possible Risk Level reclassification, you may submit the following written documentation to the Sheriff's office to be brought before the Leveling Committee for consideration at the next available meeting.

MANDATORY Minimum Requirements BEFORE CONSIDERATION:

____ If you DID NOT complete sex offender treatment, have you been out in the community a minimum of 7 years? Y / N

____ If you DID complete sex offender treatment, have you been out in the community a minimum of 5 years? Y / N

____ Have you fulfilled all court ordered responsibilities? Y / N

____ Do you have any outstanding warrants or pending cases? Y / N

1. Current with all registration, verification and check in requirements, minimum 5 years.
2. No disqualifying conviction for minimum 5 years.
3. Letter from offender stating reasons why their Level should be lowered.

ADDITIONAL DOCUMENTATION TO SUPPORT REQUEST FOR CHANGE:

Provide the following:

1. Attach list of any contact with Law Enforcement in the past 5 years.
2. Letters of successful completion from any therapists, treatment providers, education or training programs, etc., complete with contact information.
3. 3 personal character reference letters.
4. Steady employment/income with good review letter from employer.
(Provide copy of W2's or paystubs)
5. Proof of stable housing situation. (Copy of rent/mortgage statement)
6. A current polygraph by a currently licensed Washington State Polygrapher that shows no new sexual crimes since sentencing date for offense (at applicant's expense).
7. Any other documentation that would show positive improvement in areas of responsibility.

All submitted information will be verified. If the Leveling Committee considers your request, regardless of the outcome, you must wait 2 years before resubmitting with additional information.

Risk Level changes are not mandated and are at the discretion of the County Sheriff or his designee, the Leveling Committee. This process is undertaken strictly as an acknowledgement of an offender's active and demonstrated steps taken to better themselves and their place in the community and thereby reducing the risk to sexually reoffend.

If your Risk Level is reduced, and you are investigated for any criminal activity, or fail to register a new address with law enforcement officials, your level may be raised to the previous Level immediately.

ISLAND COUNTY SHERIFF'S OFFICE
Sex Offender Registration

Updated: 5/9/12

FOR OFFICIAL USE ONLY:

Offender: _____

Date of Conviction: _____

Date Released: _____

Date Treatment completed: _____

Earliest Date of Administrative RRR: _____

Criminal Background Check: _____

Notes:



Lewis County Sheriff's Office
 Sex Offender Registration
 345 W. Main St., Chehalis, WA 98532
 Telephone 360-748-9286 Fax 360-740-1476

**REQUEST FOR LEVEL REDUCTION FOR
 SEX/KIDNAPPING OFFENDER**

Name of Offender: _____ Level: _____

Address: _____

Phone: _____

Charge Convicted of: _____

Date of Conviction: _____ Date of Release of Confinement: _____

I am requesting a level Reduction:

Check yes or no (If criminal charges are pending or there have been criminal convictions in the last 10 years please explain below.)

Yes No

_____ Have you had any additional Criminal convictions in the last 3 years?

_____ Are you in compliance with your registration requirements as outlined in your Judgment and Sentence/D.O.C.?

_____ Do you have any pending criminal charges/criminal convictions since the sex offense?

 Signature

 Date of Request

LEWIS COUNTY

REGISTERED SEX OFFENDER GUIDELINES FOR LEVEL LOWERING REQUEST

If you believe you meet the criteria, fill out the attached application and submit it, along with required documentation, to the Sheriff's Sex Offender Registration Office.

- You must wait 3 years from the time of your release from confinement from the original offense to qualify for a possible risk level reduction.
- ** Successfully complete a specialized Sex Offender Specific Treatment program with a Certified Treatment provider may be taken into consideration for lowering your level prior to 3 years after release from confinement. You must provide a copy of your **summary, signed and dated by your treatment provider.**
- If you were court ordered to complete a treatment program and failed to do so, you will **not** be considered for evaluation until you have successfully completed a specialized Sex Offender Specific Treatment program.

Below are some criteria that the Committee will be considering for lowering your risk level:

- Criminal record
- Completion of a Treatment Plan
- Education credits earned after re-entering our community. Apprenticeships and any other job training are also considered as well.
- Fulfilling court ordered financial responsibilities.
- Minimum of 3 personal character references (letters from friends, educators, and employers). We may consult other references.

** If your risk level is reduced and you are charged with any **new crimes**, including failure to register, your risk level may be raised at the discretion of the sheriff's office.**

There is no requirement mandating the Sheriff in the jurisdiction in which the offender lives, review or change a level upon request.

Lewis County

REGISTERED SEX OFFENDER RISK LEVEL LOWERING APPLICATION

NAME: LAST _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

YOUR CURRENT OFFENDER RISK LEVEL: LEVEL II _____ LEVEL III _____

DOC # _____ NAME OF PREVIOUS DOC/CCO _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG AT CURRENT ADDRESS? _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG AT PREVIOUS ADDRESS _____

MARITAL STATUS _____ NAME OF SPOUSE _____

CHILDREN: NAME(S) _____ AGE(S) _____

HAS IT BEEN 3 YEARS SINCE YOU WERE RELEASED FROM CONFINEMENT?

YES _____ NO _____ (there is no year requirement, this is a county decision)

AS PART OF YOUR SENTENCE, WERE YOU REQUIRED TO PARTICIPATE IN A SEX OFFENDER TREATMENT PROGRAM?

YES _____ NO _____

HAVE YOU SUCCESSFULLY COMPLETED A SPECIALIZED "SEX OFFENDER SPECIFIC" TREATMENT PROGRAM?

YES _____ NO _____

IF YOU SUCCESSFULLY COMPLETED A PROGRAM, YOU MUST PROVIDE THE TREATMENT PROVIDER'S, NAME, ADDRESS AND PHONE NUMBER, ALONG WITH A TREATMENT SUMMARY SIGNED BY THE TREATMENT PROVIDER.

Name _____ Address _____ Phone Number _____

HAVE YOU HAD AN EVALUATION WITHIN THE LAST 12 MONTHS WITH A CERTIFIED SEX OFFENDER SPECIFIC TREATMENT PROVIDER, WHICH INCLUDED A POLYGRAPH?

YES _____ NO _____

PROVIDE THE DATE OF COMPLETION, THE NAME, ADDRESS AND PHONE NUMBER OF TREATMENT PROVIDER AND A COPY OF THE TREATMENT SUMMARY SIGNED BY TREATMENT PROVIDER.

Name _____ Address _____ Phone Number _____

HAVE YOU HAD ANY CRIMINAL ARRESTS OR CONVICTIONS SINCE THE ORIGINAL SEX OFFENSE?

YES _____ NO _____

IF YES, PLEASE LIST BELOW (If necessary, you can include additional information on a separate sheet of paper.)

PRESENT EMPLOYER _____ POSITION _____

ADDRESS _____ PHONE _____

START DATE _____

PREVIOUS EMPLOYER _____ POSITION _____

ADDRESS _____ PHONE _____

HOW LONG EMPLOYED BY PREVIOUS EMPLOYER _____

LIST ANY JOB TRAINING AND/OR EDUCATION RECEIVED SINCE CONVICTION:

Name

Phone Number

PLEASE FILL IN BELOW THE REASON(S) YOU FEEL YOUR RISK LEVEL SHOULD BE LOWERED.



WILL REICHARDT, SHERIFF
SKAGIT COUNTY

Public Safety Building – 600 South Third – Mount Vernon, WA 98273
Phone: (360) 336-9450 Fax: (360) 336-9455 sheriff@co.skagit.wa.us

**RISK LEVEL RECLASSIFICATION PROCESS
FOR REGISTERED SEX OFFENDERS**

If you feel you are able to meet the below guidelines, and feel that your situation has changed and merits review for a possible Risk Level reclassification, you may submit the following written documentation to the Sheriff's office to be brought before the Leveling Committee for consideration at the next available meeting.

MANDATORY Minimum Requirements BEFORE CONSIDERATION:

_____ If you DID NOT complete sex offender treatment, have you been out in the community a minimum of 7 years? Y / N

_____ If you DID complete sex offender treatment, have you been out in the community a minimum of 5 years? Y / N

_____ Have you fulfilled all court ordered responsibilities? Y / N

_____ Do you have any outstanding warrants or pending cases? Y / N

1. Current with all registration, verification and check in requirements, minimum 5 years.
2. No disqualifying convictions for minimum 5 years.
3. Letter from offender stating reasons why their Level should be lowered.

ADDITIONAL DOCUMENTATION TO SUPPORT REQUEST FOR CHANGE:

Provide as many of the following as possible:

1. Attach list of any contact with Law Enforcement in past 5 years.
2. Letters of successful completion from any therapists, treatment providers, educational or training programs, etc., complete with contact information.
3. 3 personal character reference letters.
4. Steady employment/income with good review letter from employer.
(Provide Copy of W2's or paystubs)
5. Proof of stable housing situation. (Copy of rent/mortgage statement)
6. Successful polygraph results if available.
7. Any other documentation that would show positive improvement in areas of responsibility.

All submitted information will be verified. If the Leveling Committee considers your request, regardless of the outcome, you must wait 2 years before resubmitting with additional information.

Risk Level changes are not mandated and are at the discretion of the County Sheriff or his designees, the Leveling Committee. This process is undertaken strictly as an acknowledgement of an offender's active and demonstrated steps taken to better themselves and their place in the community and thereby reducing the risk to sexually reoffend.

If your Risk Level is reduced, and you are investigated for any criminal activity, or fail to register a new address with law enforcement officials, your level may be raised to the previous Level immediately.

SKAGIT COUNTY SHERIFF'S OFFICE
Sex Offender Registration

4/12/12

FOR OFFICIAL USE ONLY:

Offender: _____

Date of Conviction: _____

Date released: _____

Date Treatment completed: _____

Earliest Date of Administrative RRR: _____

Criminal Background Check: _____

Notes:

ELIGIBILITY REQUIREMENTS FOR LEVEL REDUCTION

As a Registered Sex offender in Spokane County, you are afforded the opportunity to apply for a review of your current Sex Offender Level only under the following conditions:

- You have successfully completed Sex Offender Treatment and have resided in the Spokane community for a minimum of 5 Crime Free Years. (You must provide documentation that verifies completion of treatment)
 - You have not completed treatment; however you have resided in the Spokane community for a minimum of 7 Crime Free Years.
 - You must be actively complying with all court ordered financial responsibilities.
 - You will provide proof of education and or employment history since your release from incarceration.
-
- You will provide documentation from 3 character references. (These will be individuals whom are not related to you, that have known you for a minimum of one year.)

If you have met the above criteria, you will be scheduled to take a Law Enforcement Polygraph.

- Upon successfully passing the Polygraph you will be scheduled to meet with a Multidisciplinary Team on a later date to explain how lowering your level will benefit not only yourself but also the community)

The Multidisciplinary Team will consist of individuals from Law Enforcement, The Department of Corrections, and Victim Advocacy Centers.

You will be re-scored using the newly approved Static 99 Department of Corrections scoring tool.

If you successfully pass all components of the Level Reduction process and have been accepted for level reduction, the following will apply:

- You will be required to successfully pass a follow-up polygraph on the second anniversary of your Level Reduction.

If you receive a reduced level, and are later charged with any new crime or are determined to be a risk to the community your Level will be returned to at least your original Level.

If you have not been accepted for level reduction the following will apply:

- The issues that prevented your reduction will be explained to you. If you can successfully remedy your deficiency, you can re-apply for reduction on the second anniversary of your attempt.

APPLICATION FOR LEVEL REDUCTION

LAST NAME _____ FIRST _____ MIDDLE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

HOW LONG AT CURRENT ADDRESS _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG AT PREVIOUS ADDRESS _____

MARITAL STATUS _____ SPOUSE'S NAME _____

CHILDREN: NAME _____ AGE _____

CURRENT LEVEL: LEVEL II _____ LEVEL III _____

ANY ARRESTS OR CONVICTIONS IN THE PAST FIVE YEARS: YES _____ NO _____
IF YES, LIST BELOW

PRESENT EMPLOYER _____ LENGTH OF EMPLOYMENT _____

SUPERVISOR NAME _____

PREVIOUS EMPLOYER _____ LENGTH OF EMPLOYMENT _____

SUPERVISOR NAME _____

I hereby certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature _____ Date _____

Snohomish County Sheriff's Office
General Investigations Unit



MEMORANDUM

To: The RSO Unit
From: Sgt. S. K. Johnson #1210
Date: October 3, 2008
Re: Mitigating Level Guidelines

In reflection of the RSO (Registered Sex Offender) Unit meeting held on 10-01-08, the following criteria shall be reviewed when determining Mitigating RSO Levels. These are the GUIDELINES that are to be used, this date forward (unless otherwise amended in writing) in consideration of an RSO's request to have their level reduced.

1. A Certified Sex Offender Treatment Provider has made a written recommendation that the RSO's level be reduced.
2. The RSO has been off of DOC Supervision a minimum of two years.*

Additional Criteria for consideration may include, but is not limited to:

- Criminal Conviction History
- Stable Employment
- Stable Residential Status

All Level Changes (mitigating and aggravating) made by a detective shall be followed-up with by emailing all other members of the SCSO RSO unit, for notification purposes.

* If an exception is considered regarding item #2 above, the Detective making that consideration should discuss that decision with at least one other detective, in those unusual circumstances where such early mitigation of a level is considered. There need not be a consensus of the decision by the detectives, only discussion regarding the merits of such a decision.

THRUSTON COUNTY

To be considered for a re-classification to a lower Level ; an offender must meet the following conditions.

1. Make a written request, with proof of meeting conditions 3 and 4 for re-classification.
2. Be free of felony arrests, misdemeanor offenses (involving sexual behavior or drug/alcohol abuse and or defined by RCW 9A.44.124 (Disqualifying offense) for the last five years and have been properly registered in Thurston County for that period of time
3. Successfully complete treatment with written proof or has an evaluation done by a Washington State Certified Sex Offender Treatment Provider, at their expense, and the results of the evaluation/treatment clearly indicate that the offender is not a danger to re-offend.

Juveniles registered as Level II offenders who have successfully completed a sex offender treatment program and have the written support of a Washington State Certified Sex Offender Treatment Provider who was directly involved in their treatment can apply for reclassification to a Level I

Juveniles engaged in unsupervised contact with minors more than two years their junior, controlled substance or alcohol abuse, or use of images of minors engaged in sexually explicit conduct or pornography within the previous 6 months of the monitoring polygraph will not be considered for reclassification.

4. The offender's personal, financial, and employment history (including the present conditions) indicate stability and a low risk of criminal behavior. This can be done with a credit check, letters of support from friends and family, and a letter from their employer concerning their work history.
5. Must pass a polygraph examination, at the offender's expense, by an acceptable examiner to T.C.S.O, to determine if there is any undetected criminal behavior or other actions that create a concern that the offender will be a danger to the community or likely to re-offend.
6. The offender must allow an examination of any computer under their control or access for evidence of illegal images.
7. An offender has not made a request for a re-classification in the last three years.

Yakima County Adult Sex Offender Risk Level Reduction Guidelines

Requirements:

To be considered for a sex offender risk level reduction by the Yakima County Sex Offender Leveling Committee, an individual would need to at least meet or exceed the following minimum standards to be considered (this is a consideration only, it does not mean automatic reduction of the level):

1. A period of 7½ years since the end of their sentence, or end of their supervision (if on deferred sentence).
2. Documentation of successful completion of S.S.O.S.A. or Sex offender specific treatment.
3. Documentation of stable employment or full time school for at least 2 years.
4. Documentation of stable residence for at least 2 years.
5. No new convictions since sentencing of sex offense.
6. A new evaluation and recommendation by a currently Certified/Licensed Sex Offender Treatment Provider in the state of Washington (at the applicant's own expense).
7. A new polygraph by a currently licensed Washington State polygrapher that shows no new sexual crimes since sentencing date for offense (at the applicant's own expense).

Procedure:

If a person would like their level to be re-considered by the committee for the purpose of lowering their risk level, they will need to follow the below procedure:

1. Contact their local Law Enforcement jurisdiction in Yakima County to ask to be considered. For those living in the county or a city covered by the Sheriff's Office, please contact the Sheriff's Office. (This should be a member that sits on the committee)
2. Have documentation of the above minimum 7 requirements (must have all of them to be considered). The applicant may submit a written (short) statement or letter written by them selves explaining why they would like their level reduced.
3. Once all the documentation is complete, the leveling committee representative will forward this information to the chair of the Yakima County Sex Offender Leveling Committee to be put on the agenda for the next scheduled meeting.
4. The committee will review and discuss the submitted material. The committee will then vote on whether to lower the applicant's request to lower their level.
5. The applicant will then receive written notice on the decision made and any new check in requirements that may be applicable.

Yakima County Juvenile Offender Risk Level Reduction Guidelines

Requirements:

To be considered for a sex offender risk level reduction of an adolescent by the Yakima County Sex Offender Leveling Committee, an individual would need to at least meet or exceed the following minimum standards to be considered (this is a consideration only, it does not mean automatic reduction of the level):

1. An offender will have lived in a community setting for a period of at least one year following his release from custody or his sentencing date (if offender was given a special sentencing disposition that allowed them to not be incarcerated).
2. Documentation of successful completion of S.S.O.D.A. or Sex offender specific treatment or progress of treatment.
3. The offender shall have no misdemeanor or felony convictions since the conviction date of the instant offense. Traffic convictions may be considered if they demonstrate a pattern of recklessness, impulsivity, and/or repeated disregard for the laws of the land.
4. Offender shall provide a current Risk Assessment conducted by a Certified/Affiliate Certified Sexual Offender Treatment Provider (at the applicant's own expense) which utilizes tools that are currently utilized for assessing risk in juveniles.
5. Offender shall present a recent polygraph examination that indicates that he is not being deceptive when he denies any sexual re-offense behavior since his last polygraph examination; illegal use of alcohol within the last year; use of alcohol within the last year when such use was instrumental in the offender's sexual offense; use of illegal drugs or non-prescribed medications within the last year; or viewing of pornography within the last 6 months (at the applicant's own expense).
6. Offender shall provide documentation of reasonable attendance and progress in school or a successful pattern of employment for at least 1 year.
7. Offender shall provide a letter of support from his parent/caregiver/or other involved adult who is knowledgeable of his sexual offense and his current level of functioning.
8. Offender shall provide a letter of support of reduction in level from his probation/parole officer or representative.
9. Offender shall provide their current Community Living Plan/Healthy Living Plan or comparable document. If the offender has not completed a comparable document, the offender may be asked to respond orally or in writing to some or all of the questions (attached) at the discretion of the committee/sub-committee.
10. There should be no probation/parole violation in the 1 year preceding the offender's appeal for reduction in level.

Procedure:

If a person would like their level to be re-considered by the committee for the purpose of lowering their risk level, they will need to follow the below procedure. This procedure will be used for lowering individuals aged 12-25 years old that were convicted of a sexual offense as juveniles that are now living in Yakima County.

1. Contact their local Law Enforcement jurisdiction in Yakima County to ask to be considered. For those living in the county or a city covered by the Sheriff's Office, please contact the Sheriff's Office. (This should be a member that sits on the committee)
2. Have documentation of the above requirements (must have all of them to be considered). The applicant may submit a written (short) statement or letter written by them selves explaining why they would like their level reduced.
3. Once all the documentation is complete, the leveling committee representative will forward this information to the chair of the Yakima County Sex Offender Leveling Committee to be put on the agenda for the next scheduled meeting.
4. The committee will review and discuss the submitted material. The committee will then vote on whether to lower the applicant's request to lower their level.
5. The applicant will then receive written notice on the decision made and any new check in requirements that may be applicable.

Attachment for Requirement #9

Sample questions taken from a Relapse Prevention Interview developed by Ruth Mann, Richard Beckett, Dawn Fisher and Davis Thornton.

- 1a. What feelings or moods might put you at risk of sexually offending again? Describe at least two different moods that would put you at risk?
- 1b. How will you cope with such feelings or moods in the future? Describe at least two ways of coping with them that you could use to reduce the risk of your re-offending?
- 2a. What thoughts, including sexual thoughts or fantasies, would put you at risk of sexually re-offending? Describe at least two different thoughts.
- 2b. How would you cope with such thoughts in the future? Describe at least two different ways of coping with such thoughts that you could use to reduce the risk of their leading to a sexual offense.
- 3a. What events might make you more likely to have feelings or thoughts that would put you at risk of offending? Describe at least two events.
- 3b. How would you cope with such events in the future? Describe at least two different ways of coping with each event that you could use to reduce the risk of their leading to a sexual offense.
- 4a. In which situations are you most likely to offend? What situations or places should you avoid? Describe at least two situations or places.
- 4b. How would you cope if you were in these situations or places in the future? Describe at least two different ways of coping that you could use to reduce the risk of each situation leading to a sexual assault.
- 5a. Many offenders go to considerable effort to set up a situation in which they can offend. How did you set up your offense situation(s)? Describe at least two different methods that you have used to set up a situation in which you could offend.
- 5b. What would be warning signs that you were setting up another situation where you could offend? Describe at least two different warning signs.
- 6a. What sort of person would be most at risk from you? Describe this person in terms of looks, personality, age, attitude and so on.
- 6b. How would you cope if on meeting someone you began to have thoughts or ideas about offending? Describe at least two ways of coping that you could use to reduce the risk of your committing a sexual offense.
- 7a. How might other people know you are at risk? Describe at least two different things they might see or observe.
- 7b. What could you do to obtain help if you were at risk of offending again? Describe at least two things you could do.
8. Who have you told fully about your past offending and enlisted to help you in preventing yourself from re-offending?
- 9a. Thinking about the excuses or justifications you used to give yourself permission to offend, describe at least two of them.
- 9b. How would you respond in the future. Describe at least two things you could say to yourself or do to stop this kind of thinking leading to sexual offending.