## Transition Plan

<table>
<thead>
<tr>
<th>Supervision Objective</th>
<th>Offender Action Steps</th>
<th>Officer Action Steps</th>
<th>Target/Review Date</th>
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Offender’s Signature  Date  Officer’s Signature  Date
# Transition Plan

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<th>Area</th>
<th>Provider Name:</th>
<th>Address:</th>
<th>Phone Number</th>
<th>Hours of Operation:</th>
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<td><strong>Sex Offender Treatment</strong></td>
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<td><strong>Substance Abuse Treatment</strong></td>
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<td><strong>Cognitive Behavioral Programs</strong></td>
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<td><strong>Family/Marital/Companions</strong></td>
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<td><strong>Leisure/Recreation</strong></td>
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<td><strong>Accommodations</strong></td>
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<td><strong>Employment</strong></td>
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<td><strong>Polygraph Examinations</strong></td>
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<td>Other</td>
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Offender's Signature ___________________________ Date _____________

Officer's Signature ___________________________ Date _____________

(6/07)