

**ADJUDICATED SEX OFFENDER / ADULT REGISTRY
STAFFING CHECKLIST**

DATE OF STAFFING: _____

WARD:	DCFS ID #:	DOB:	AGE:
WORKER:		RSF:	
PHONE #:	FAX #:		

CURRENT LIVING ARRANGEMENT	
CODE:	ADDRESS:

RESPIRE PLANNING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, EXPLAIN: _____	

VISITATION PLANNING?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, EXPLAIN: _____	

PCD	
IS A PCD HOLD REQUIRED ON THIS WARD? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, HAS ONE BEEN DONE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, EXPLAIN: _____	

SCHOOL INFORMATION		
NAME:	ADDRESS:	IEP:
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

GRADE OR GRADUATION DATE: _____		
PERSON IDENTIFIED TO CONTACT THE SCHOOL REGARDING THE WARD'S CONTINUED ATTENDANCE ONCE REGISTERED:		
NAME	PHONE #	
_____	_____	

500 FT RULE

IS WARD IN VIOLATION OF THE 500 FT RULE? YES NO

IF YES, EXPLAIN: _____

PERSON IDENTIFIED TO CONTACT LOCAL LAW ENFORCEMENT TO CLARIFY HOW TO ENFORCE THIS RULE IN THE WARD'S COMMUNITY:

NAME _____ PHONE # _____

SUPERVISION PLAN

IS SUPERVISION PLAN CURRENT AND IN THE FILE? YES NO

IF NO, EXPLAIN: _____

ADJUDICATION/REGISTERED/DISPOSITIONAL ORDER

COPY OF ADJUDICATION IN FILE? YES NO

IF NO, EXPLAIN: _____

COPY OF REGISTRATION FORM IN FILE? YES NO

IF NO, EXPLAIN: _____

COPY OF DISPOSITIONAL ORDER IN FILE? YES NO

IF NO, EXPLAIN: _____

REGISTRATION FEE

SPECIAL SERVICE FEE NEEDED? YES NO

PROBATION OFFICER/PAROLE AGENT

NAME: _____ PHONE #: _____ COUNTY: _____

STAFFING PARTICIPANTS

SEXUAL ABUSE SERVICES COORDINATOR

DATE

NOTE: ALL LIVING ARRANGEMENT CHANGES REQUIRE A STAFFING.

CC: _____, WORKER

_____, GUARDIAN'S OFFICE