

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

**DATE OF STAFFING:** \_\_\_\_\_

<b>WARD:</b>	<b>DCFS ID #:</b>	<b>DOB:</b>	<b>AGE:</b>
<b>WORKER:</b>		<b>RSF:</b>	
<b>PHONE #:</b>	<b>FAX #:</b>		

<b>CURRENT LIVING ARRANGEMENT</b>	
<b>CODE:</b>	<b>ADDRESS:</b>
_____	
<b>RESPIRE PLANNING?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF NO, EXPLAIN:</b> _____	
_____	
<b>VISITATION PLANNING?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>IF NO, EXPLAIN:</b> _____	
_____	

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

<b>SCHOOL INFORMATION</b>		
<b>NAME:</b>	<b>ADDRESS:</b>	<b>IEP:</b>
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____		
<b>GRADE OR GRADUATION DATE:</b> _____		
<b>PERSON IDENTIFIED TO CONTACT THE SCHOOL REGARDING THE WARD'S CONTINUED ATTENDANCE ONCE REGISTERED:</b>		
<b>NAME</b>	<b>PHONE #</b>	
_____	_____	

**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 SUMMARY/CONVENER’S IMPRESSION**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**ACTION PLAN**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**STAFFING PARTICIPANTS**


\_\_\_\_\_  
SEXUAL ABUSE SERVICES COORDINATOR

\_\_\_\_\_  
DATE

**NOTE: ALL LIVING ARRANGEMENT CHANGES REQUIRE A STAFFING.**

CC: \_\_\_\_\_, WORKER

\_\_\_\_\_, GUARDIAN'S OFFICE