

California Department of State Hospitals



Sex Offender Commitment Program Community Safety Plan

Terms and Conditions of Outpatient Treatment

Patient Name: Allen Fields

Date: September 17, 2014

ADVISORY

The California Department of State Hospitals is responsible to provide Outpatient Treatment through the Conditional Release Program. The Department has contracted for Outpatient Treatment to be provided to you by Liberty Healthcare/CONREP.

Your placement on Outpatient Treatment depends upon your acceptance of the following Terms and Conditions of Outpatient Treatment (pursuant to California Penal Code section 1604 (b)). Your acceptance of these Terms and Conditions does not automatically guarantee that you will be released to, or retained on, Outpatient Treatment status.

If you are accepted into Outpatient Treatment, any failure by you to abide by these Terms and Conditions may result in various actions, including hospitalization and/or revocation of your Outpatient Treatment status. Also, if your Outpatient Supervisor believes that you are clinically in need of inpatient treatment and/or can no longer be safely treated in the community, you may also be hospitalized at either a state hospital or other designated facility. Your Outpatient Supervisor will be responsible to report your progress in the program and your compliance with these Terms and Conditions of Outpatient Treatment to the legal authority authorizing your Outpatient Treatment status.

If you are accepted into Outpatient Treatment, your treatment and supervision will be overseen by a Community Safety Team, which may consist of representatives of local law enforcement, your assigned psychiatrist, your assigned group and individual therapists, a representative from DMH, the CONREP Clinical Director, your assigned Regional Coordinator, the CONREP Community Program Director, a polygrapher and a victim advocate. Your CONREP Outpatient Supervisor is chair and will facilitate this group. With the exception of law enforcement representatives, this group will freely exchange all information related to your treatment and supervision. This information will be used in regular court reports and may be a component of required court testimony. By your initials here, you agree to provide any necessary written authorization to facilitate this exchange of information.

Initial af

This document consists of this Advisory, Agreement, and Terms and Conditions of Outpatient Treatment. The Terms and Conditions necessary for you to be accepted into and maintained in the program are attached to this agreement and are incorporated into this agreement. By initialing each one, you indicate that you understand the condition and that you will fully comply with it. If you have any questions about the meaning of any condition, please discuss it with your program representative.

SECTION A
GENERAL TERMS AND CONDITIONS

- A.1 Active Participation:** I will comply with, and actively participate in, all treatment requirements which are communicated to me by my Outpatient Supervisor.

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- A.2 Obey all Laws:** I will obey all laws and promptly report to my Outpatient Supervisor at the earliest possible time if I am arrested for, charged with, or questioned by any law enforcement agent regarding any matter.

Initial @

- A.3 Residence:** I will maintain a residence approved by my Outpatient Supervisor and will not relocate from that residence nor will I accept overnight visitors without the prior written approval of my Outpatient Supervisor.

Initial @

- A.4 Home Visits:** I will submit to scheduled and unscheduled visits to my residence by any person delegated by my Outpatient Supervisor to conduct such residential visits.

Initial @

- A.5 Searches:** I agree to submit to a search of my person, residence, automobile, and any property under my control by my Outpatient Supervisor or designee and at the direction of my Outpatient Supervisor, by any law enforcement officer.

Initial @

- A.6 Drug/Substance Abuse Prohibition:** I will not use, possess, handle, traffic in, transport, or otherwise be involved with any illegal narcotics/dangerous drugs, controlled substances, or drug paraphernalia. I will not use any legal drug (with or without a prescription) or over the counter medication unless I have first discussed this usage with the CONREP-designated physician.

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- A.7 Substance Abuse Testing:** I will submit to scheduled and unscheduled tests of my urine to determine any use of substances, legal or illegal, which are prohibited in these Terms and Conditions of Outpatient Treatment.

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- A.8 Substances Used to Alter Substance Abuse Testing:** I will not knowingly purchase, have in my possession or consume substances for the purpose of altering the results of any Substance Abuse Testing, Polygraph Examination, or Testosterone Level testing.

Initial @

- A.9 Travel Restrictions:** I will not travel outside the county of my authorized residence without the prior approval of my Outpatient Supervisor; nor will I travel outside the State of California without prior written approval of the Superior Court Judge.

Initial @

- A.10 Prohibition of Association with Criminals or Known Sex Offenders:** I will not knowingly associate with persons who have been arrested for, charged with, convicted of, or involved in any criminal activity, or deviant sexual behavior, except as directed for treatment purposes, without the prior authorization of my Outpatient Supervisor.

Initial @

SECTION A
GENERAL TERMS AND CONDITIONS (CONT'D)

A.11 Weapons Prohibition: I will not own, use, possess, receive, transport or have access to any firearm, replica firearm, ammunition or other weapons, as defined in Penal Code Section 12020(c). I will not knowingly associate or participate in any activities with persons known to carry weapons without the prior written authorization of my Outpatient Supervisor. This includes, but is not limited to, my place of work and residence. (For a copy of Penal Code Section 12020, you may ask your Outpatient Supervisor.)

Initial @

A.12 Compliance with Medical Treatment: I will comply with my doctor's instructions regarding prescribed medication, including injectable medication, when ordered by a licensed program physician and authorized by my Outpatient Supervisor. I understand that this also means that I will comply with all laboratory/testing procedures determined necessary by the program physician as a result of my participation in the prescribed medication regimen. I will inform my Outpatient Supervisor of all medical treatment and medications I receive from any community physician. Except in an emergency, I will notify my Outpatient Supervisor prior to any appointment for medical care, and will provide the name of the physician and the reason for my visit. If the physician prescribes medications, I will call my Outpatient Supervisor to report the medication name, dosage amount, and duration of the treatment. I agree to sign a general authorization/release, to extend until my termination in CONREP, to enable my Outpatient Supervisor or designee to communicate with any medical provider to both provide and obtain information on my medical care.

Initial @

A.13 Assistance with Collateral Contacts: I will assist the Program in identifying and contacting individuals and/or agencies that the Program may wish to contact during the course of my Outpatient Treatment in order to facilitate evaluation of my performance in the community. I will comply with any request to provide any necessary written authorization allowing my Outpatient Supervisor to discuss my community adjustment with these individuals and/or agencies.

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A.14 Major Life Decisions: I will consult with my Outpatient Supervisor before making any major life decision including (but not limited to) purchasing a car, entering into marriage or divorce, purchasing a home or entering into any lease agreement for either a home or apartment, as well as entering into financial obligations of more than \$500.

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A.15 Benefits Applications: I agree to apply for any financial benefits to which I may be entitled as directed by my Outpatient Supervisor. I also agree to advise my Outpatient Supervisor of the progress of such application including the award and receipt of payment.

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A.16 Self-Support and Responsibility for Cost of Care: I agree to use any resources or income that I have available to me (including but not limited to SSI/SSP, Veterans Disability, Social Security Disability, Savings, Annuities, or Retirement Benefits) to pay for my basic food, clothing, shelter, and personal and incidental expenses. All retroactive lump sum payments are included in such sources of income. In addition, I further agree to comply with any reimbursement agreement for any funds granted to me through CONREP Interim Assistance Funding.

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A.17 Credit and Bank Accounts: I agree not to obtain any credit cards or open any bank account without the written permission of my Outpatient Supervisor. At such time as I may obtain credit or open a bank account, I agree to submit all monthly credit statements and account statements for review.

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SECTION B
SPECIAL TERMS AND CONDITIONS

Agreement to the following SPECIAL TERMS AND CONDITIONS FOR OUTPATIENT TREATMENT has been clinically determined to be essential due to individual factors of my particular case history with the indicated Reason Code. These terms are the conditions of my being released to Outpatient Treatment.

**REASONS FOR SPECIAL AND INDIVIDUAL
TERMS AND CONDITIONS OF OUTPATIENT TREATMENT**

1. = History of alcohol and/or drug use/abuse
2. = Related to Commitment Offense(s)
3. = Nature of Commitment Offense(s)
4. = Related to Previous Offense(s)
5. = Treatment based on Psychiatric History
6. = Conditions due to Current Functioning
7. = History of Predatory Sexual Behavior
8. = Individual High Risk Element
9. = Other Good Cause Determined by Outpatient Supervisor

**Reason
Codes**

B.1 ALCOHOL PROHIBITION

I will totally abstain from the use of alcohol and will not visit places where alcohol is the chief item of sale. (8)

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B.2 OPERATION OF A MOTOR VEHICLE

a. I will not operate a motor vehicle unless and until I receive written authorization from my Outpatient Supervisor and notify the court. (7)

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b. If I am given authority to operate a motor vehicle, I agree to use this mode of transportation to attend sex offender treatment, medical appointments, employment, vocational training, shopping, and pre-approved leisure activities only. I further agree to go directly to and from these destinations only. A daily routine will be established and adhered to. I will not deviate from this routine without the approval of my Outpatient Supervisor. (7)

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c. I will not drive a motor vehicle having any passenger who is a child. (7)

Initial @

d. I will not pick up any hitchhiker(s) or hitchhike myself. (7)

Initial @

SECTION B
SPECIAL TERMS AND CONDITIONS (CONT'D)

**Reason
Codes**

B.3 VICTIM CONTACT PROHIBITION

I will not have any contact or communication with my victim or any of my victim's families without the prior written approval of my Outpatient Supervisor. I will not go within 100 yards of the place of their residence, work or crime scene whether they are present or not. (7)

Initial @

B.4 CONDITIONS FOR PERSONS WITH A HISTORY OF SEXUAL OFFENSES

a. I will not possess cameras, video camera recorders, movie cameras, viewers, or any type of video and/or camera equipment or smartphone. (7)

Initial @

b. I will not view television shows, motion pictures, digital media, or video tapes that act as stimulus to arouse me. (8)

Initial @

c. I will not view, purchase, have access to, possess or use any type of sexually stimulating, or sexually oriented material, such as, but not limited to, pictures, magazines, video tapes, digital media, or movies. (8)

Initial @

d. I will not patronize or frequent areas of sexual or pornographic activity, such as, but not limited to, adult bookstores, massage parlors, topless bars, sex toys/novelties shops, or other such places. (8)

Initial @

e. I will not utilize any "pay for call" telephone service (e.g., 900 area code numbers) that is specifically oriented to sexual discussion of any kind. I further agree to have a "phone block" installed on my residential phone to prevent such calls. (7)

Initial @

f. I will be responsible for being fully and appropriately clothed at all times in places where another person may be expected to view me. This includes the wearing of undergarments as appropriate. (7)

Initial @

g. I will not possess binding restraints, handcuffs or other such devices. (7)

Initial @

SECTION B
SPECIAL TERMS AND CONDITIONS (CONT'D)

Reason
Codes

B.4 CONDITIONS FOR PERSONS WITH A HISTORY OF SEXUAL OFFENSES (CONT'D)

- h. I will at no time, access the internet for any reason, without the prior approval of Outpatient Supervisor. (7)

Initial @

- i. I agree not to join or visit any club, gymnasium, or group without the prior approval of my Outpatient Supervisor. (7)

Initial @

- j. I agree to strictly avoid all environments of which persons similar to my victim profile are the primary patrons. (8)

Initial @

- k. I agree not to purchase any long distance phone cards without the prior approval of my Outpatient Supervisor. (7)

Initial @

- l. I agree not to obtain any telephone or other communication devices (cell phones, pagers, etc.) without the prior approval of my Outpatient Supervisor. I further agree to provide a record of my telephone calls upon demand to my Outpatient Supervisor. (7)

Initial @

- m. I agree to submit to polygraph examinations upon the demand of my Outpatient Supervisor. I agree to answer polygraph questions regarding my treatment and any events occurring after my release to outpatient treatment. I also agree to answer questions related to my history of sexually deviant behavior. (8)

Initial @

- n. I agree not to attend any community events or activities that might restrict the freedom of my victims or their families to attend. (8)

Initial @

SECTION B
SPECIAL TERMS AND CONDITIONS (CONT'D)

**Reason
Codes**

B.5 SEX OFFENDER REGISTRATION

(7)

Pursuant to Penal Code Section 290, I will register as a sex offender with the local law enforcement authorities in my area of residence:

- within five (5) working days of my release to the community;
- within five (5) working days of any change in my residence; and,
- within five (5) working days of any change in my employment.

I am responsible to verify my address and place of employment, including the name of my employer no less than once every 90 days.

I will update my registration on an annual basis with the local law enforcement authorities of my area of residence or domicile within five (5) working days of my birthday.

I will notify my Regional Coordinator of my specific plans to register as a sex offender no less than 14 days in advance of the required registration or address verification date.

I recognize that this responsibility shall continue to be a legal obligation for me for the remainder of my life as long as I reside or am domiciled within California. I acknowledge that I am responsible for keeping abreast of any changes in this reporting law and for full compliance with any such changes. I further understand that it is a crime for me to fail to comply with any applicable registration requirements, including the provisions of Megan's Law.

Initial ca

B.6 INDIVIDUAL TREATMENT PROGRAM

I will participate in the following special treatment services in addition to the basic outpatient program agreed to above. I agree to keep all appointments and cooperate in a meaningful manner with all components of treatments. My Outpatient Supervisor has approved my participation in this individualized treatment program.

- a. Individual psychotherapy as directed by my sex offender treatment professional. (5)

Initial ca

- b. Intensive group therapy as provided by my sex offender treatment professional. (5)

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- c. Psychological Assessments. (5)

Initial ca

- d. Abel Assessments and/or Penile Plethysmography. (5)

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SECTION B
SPECIAL TERMS AND CONDITIONS (CONT'D)

**Reason
Codes**

B.6 INDIVIDUAL TREATMENT PROGRAM (CONT'D)

- e. Drug and alcohol screening tests.

Initial a

(8)

- f. Testosterone blood levels and bone density testing; if ordered, anti-androgen therapy including injections/implants.

Initial a

(6)

B.7 REHABILITATION

I agree to attend career training, self-help groups, college, volunteer work, or any other daily activities as directed by my Outpatient Supervisor. I also agree to seek and maintain employment as directed by my Outpatient Supervisor.

Initial a

(5)

B.8 GLOBAL POSITIONING SYSTEM (GPS) MONITORING

- a. I agree to 24-hour-per-day surveillance using GPS technology.

Initial a

(7)

- b. I agree to wear an ankle bracelet and if required, be physically within 50 feet of a designated monitoring device at all times.

Initial a

(7)

- c. I agree to fully participate and comply with all restrictions associated with GPS, including community areas of exclusion and inclusion. Areas of exclusion are identified in Addendum A.

Initial a

(7)

- d. When using a public bus for transportation, I agree to sit next to a window with the GPS device in my lap if required.

Initial a

(7)

- e. I understand that GPS data and information relevant to my case may be shared with local law enforcement agencies in my county of domicile as deemed necessary by the Outpatient Supervisor or designee.

Initial a

(7)

B.9 SUPERVISION

- a. I agree to surrender to local law enforcement at the direction of my Outpatient Supervisor, pursuant to Penal Code Section 1610.

Initial a

(7)

SECTION B
SPECIAL TERMS AND CONDITIONS (CONT'D)

**Reason
Codes**

B.9 SUPERVISION (CONT'D)

- b. I agree to keep a daily journal in which I will log the date, time, and destination of all my travels outside of my residence. I understand that this journal will be used in conjunction with Global Positioning System (GPS) and will be utilized as a relapse prevention tool as well. I agree the journal will be available, at the direction of my Outpatient Supervisor, for review by law enforcement.

(7)

Initial a

B.10 CURFEW

I will not be absent from my place of residence, except for an emergency, between the hours of 8:00 p.m. to 6:00 a.m.. During the other hours I may not be absent from my place of approved residence for more than 8 sequential hours. Any change of this particular term and condition requires prior written approval from my Outpatient Supervisor.

(7)

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See Section D which lists additional conditions for persons with a history of sexual offenses involving minors.

SECTION C
INDIVIDUAL TERMS AND CONDITIONS

Agreement to the following INDIVIDUAL TERMS AND CONDITIONS FOR OUTPATIENT TREATMENT has been clinically determined to be essential due to individual factors of my particular case history with the indicated Reason Code. These terms are the conditions of my being released to Outpatient Treatment.

**REASONS FOR SPECIAL AND INDIVIDUAL
TERMS AND CONDITIONS OF OUTPATIENT TREATMENT**

1. = History of alcohol and/or drug use/abuse
2. = Related to Commitment Offense(s)
3. = Nature of Commitment Offense(s)
4. = Related to Previous Offense(s)
5. = Treatment based on Psychiatric History
6. = Conditions due to Current Functioning
7. = History of Predatory Sexual Behavior
8. = Individual High Risk Element
9. = Other Good Cause Determined by Outpatient Supervisor

| | Reason Codes |
|--|-------------------------|
| <p>C.1 I will not engage in any testosterone replacement therapies or take any substances (including pharmacological and herbal supplements) intended to increase my sexual drive or testosterone level.</p> <p style="text-align: right; margin-right: 100px;">Initial <u> @ </u></p> | (8) |
| <p>C.2 I will not accept any employment (e.g., full-time, part-time, contract) or volunteer opportunities without prior approval from the Outpatient Supervisor.</p> <p style="text-align: right; margin-right: 100px;">Initial <u> @ </u></p> | (7) |
| <p>C.3 I will not accept rides in any non-public transit vehicle without prior approval from the Outpatient Supervisor.</p> <p style="text-align: right; margin-right: 100px;">Initial <u> @ </u></p> | (7) |
| <p>C.4 I will not befriend adults who have custody of minors or who have minors regularly present at their homes.</p> <p style="text-align: right; margin-right: 100px;">Initial <u> @ </u></p> | (8) |
| <p>C.5 I will disclose to CONREP staff, on an ongoing basis, all significant personal relationships I develop. Significant relationships will include, but not be limited to, those persons considered "friends" and those to whom I am sexually attracted and with whom I have regular, ongoing contact.</p> <p style="text-align: right; margin-right: 100px;">Initial <u> @ </u></p> | (7) |

C.6 I will only participate in recreational and leisure activities that do not involve or include the use of alcohol and have been approved by the Outpatient Supervisor or designee. (1)

Initial @

C.7 I will allow CONREP staff to discuss my sexual offense history with anyone I become involved with sexually or romantically. I agree to allow this person to become a collateral contact. (7)

Initial @

C.8 I will not disclose the names of my treatment providers to any media personnel or any other person not involved in my treatment or supervision. (9)

Initial @

C.9 I will develop a schedule of activities every day with the approval of CONREP staff. I will take part in the activities I have scheduled. If I am unable to follow through with these activities, I will discuss this with CONREP staff first. Changes in this term are under the authority of the Outpatient Supervisor. (8)

Initial @

C.10 I will not attend any religious congregation without first informing the religious leader(s) at the specific location (e.g., priest, rabbi, reverend, imam, etc.) of my history of sex offending and notice to and approval of the Outpatient Supervisor. (7)

Initial @

C.11 I will discuss any medication side-effects with CONREP staff as soon as I experience them. In addition, I understand that any refusal by me to take any prescribed psychiatric medication while in the community will result in my re-hospitalization. (6)

Initial @

C.12 I will not possess video- or photo-capable cellular telephones without prior approval from the Outpatient Supervisor or designee. (7)

Initial @

C.13 I will not watch, possess, own or have in my residence any movies, videos, DVDs, etc. for whom children are the primary intended audience. (8)

Initial @

C.14 I will not visit or be in the vicinity of any state or public parks, beaches or pools. (8)

Initial @

C.15 I will not possess any pets. (7)

Initial @

C.16 I will communicate to CONREP staff my intentions with others regarding sexual and/or romantic relationships. In addition, I will also report to CONREP staff any sexual contact, whether consensual or non-consensual. This report will include the range of behaviors from hand-holding to intimate sexual contact. (7)

Initial @

C.17 I will not have contact with other sex offenders outside of the treatment environment. If any of these people contact me, I will notify my CONREP providers immediately. (9)

Initial @

C.18 I will not purchase or give any items to minors, either directly or indirectly (i.e., giving something to someone else to give to a minor). (8)

Initial @

C.19 I will not offer money, shelter, food or clothing to others in need without prior approval by the Outpatient Supervisor or designee. (8)

Initial @

C.20 I will not go to or spend time at arcades, amusement parks, water parks, carnivals, fairs or other family-oriented events. (8)

Initial @

C.21 I will not initiate any contact with community organizations without first explaining the purpose of the contact and receiving prior approval from the Outpatient Supervisor or designee. (8)

Initial @

C.22 I will inform all persons with whom I have significant relationships about my sexual offense history. (7)

Initial @

C.23 I agree to report to any location at any time at the direction of the Outpatient Supervisor or designee. (9)

Initial @

C.24 I will keep a daily journal of maladaptive thoughts and emotions (e.g., victim stance, entitlement, depression, anger, frustration, etc.) I have experienced and coping strategies I have used in order to try to cope with these thoughts and emotions. I will report any significant ongoing maladaptive thoughts or emotions to CONREP staff and treatment providers. (8)

Initial @

C.25 If registered under PC 290 as "Transient," I agree to provide CONREP staff with my location for the evening no later than 6 p.m. (7)

Initial @

C.26 I will log and report any and all instances of sexual thoughts and fantasies that involve minors (8)

or my past sexual offense victims.

Initial @

C.27 I will comply with all necessary requirements to avoid GPS violations. (7)

Initial @

C.28 I will stay on well-traveled and public walking and driving routes. I will avoid isolated areas where minors might congregate. (7)

Initial @

C.29 I will comply with all requirements which are communicated to me by the Outpatient Supervisor or designee. (7)

Initial @

C.30 I will not possess binoculars or telescopes. (7)

Initial @

C.31 I will not possess magazines primarily featuring minors or teenaged adults. (8)

Initial @

C.32 I will not go to social network websites or use any kind of social networking tools if and when I receive computer-use privileges. (7)

Initial @

C.33 I will not associate, correspond or have contact with known criminals. Therapist approved group therapy sessions are an exception with the approval of the Outpatient Supervisor. (7)

Initial @

C.34 I will not possess any electronic items that have potential Internet connectivity such as netbook, laptop or desktop computers with modems or cellular telephones or smartphones, without prior approval by the Outpatient Supervisor. (7)

Initial @

C.35 I agree to keep my GPS device charged and fully operational. (7)

Initial @

C.36 I will not lie to, omit significant information or deceive my treatment providers or CONREP representatives. If I do, I will immediately report these transgressions. In addition, I will log and discuss any impulses to deceive that I may experience. (8)

Initial @

C.37 I will not possess or own any document shredding device. (9)

Initial @

C.38 All visitors to my residence must be pre-approved by my Outpatient Supervisor or designee. (7)

Initial @

C.39 I will maintain full transparency with CONREP staff and my treatment providers. (8)

Initial @

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SECTION D
CONDITIONS FOR PERSONS WITH A HISTORY OF
SEXUAL OFFENSES INVOLVING MINORS

[The word "minor" as used in these Terms and Conditions means anyone under the age of 18 years (California Civil Code Section 25).]

- | | Reason
Codes |
|--|-------------------------|
| <p>D.1 I will not initiate, establish, or maintain contact with any minor. I understand this means that I will have no direct or indirect contact with any minor whether personally, by telephone, "Internet," letter, or through another person. This includes any attempted contact with an adult when I am reasonably aware of the possibility that a minor is likely to be present, as well as my being in the immediate proximity of any minor.</p> <p style="text-align: right;">Initial <u> @ </u></p> | (8) |
| <p>D.2 I will not reside in an apartment complex or other residential setting, or in neighborhoods with large numbers of children, nor will I reside in any neighborhood near a park, school, or minors' playground area without permission of the Court.</p> <p style="text-align: right;">Initial <u> @ </u></p> | (8) |
| <p>D.3 I will not enter into the premises, nor travel past, loiter, or frequent places where minors congregate (including, but not limited to, playgrounds, schools, video arcades and swimming pools), nor will I knowingly enter any area which is within a hundred yards of the perimeter of any elementary, secondary/middle, or high school without the prior written permission of my Outpatient Supervisor.</p> <p style="text-align: right;">Initial <u> @ </u></p> | (8) |
| <p>D.4 I will promptly bring to the immediate attention of my Outpatient Supervisor any "accidental" contact with any minor.</p> <p style="text-align: right;">Initial <u> @ </u></p> | (7) |
| <p>D.5 I will not possess children's clothing, toys, games, etc.</p> <p style="text-align: right;">Initial <u> @ </u></p> | (8) |
| <p>D.6 I will not knowingly date, have a romantic interest in, sexual relationship or socialize with, any person who has physical custody of any minor.</p> <p style="text-align: right;">Initial <u> @ </u></p> | (8) |

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AGREEMENT

I will therefore comply with each of the attached TERMS AND CONDITIONS OF OUTPATIENT TREATMENT, GENERAL (Section A), SPECIAL (Section B), INDIVIDUAL (Section C) and CONDITIONS FOR PERSONS WITH HISTORIES OF SEXUAL OFFENSES INVOLVING MINORS (Section D), which I have initialed and are incorporated into this document as Sections.

SIGNED: Allen Fields
APPLICANT FOR OUTPATIENT TREATMENT

Dated This 17 Day Of September, 2014, At Coalinga, California

SIGNED: Alan Hoffman Losh
CONREP OUTPATIENT SUPERVISOR OR REPRESENTATIVE

Dated This 30 Day Of September, 2014, At CA CONREP / San Diego, California

I have read and approved the TERMS AND CONDITIONS OF OUTPATIENT TREATMENT, GENERAL (Section A), SPECIAL (Section B), INDIVIDUAL (Section C) and (if included) CONDITIONS FOR PERSONS WITH HISTORIES OF SEXUAL OFFENSES INVOLVING MINORS (Section D). I authorize law enforcement to apprehend and detain Allen Fields pursuant to Penal Code Section 1610 and other applicable provisions of the law.

Signed: Margie G. Woods
SUPERIOR COURT JUDGE

Dated This 3 Day Of October, 2014, At SAN DIEGO, California

Terms and Conditions Addendum A

1. Mr. Fields is excluded from the Housing Development of Campo Hills Community including but not limited to:

- a) Mr. Fields shall not travel by foot or vehicle on Evening Primrose Trail and Buckwheat Trail.
- b) Mr. Fields is excluded from the playground and recreation pool area located at the corner of Sheridan Road and Evening Primrose Trail.

EXCEPTION: Use of Sheridan Road is permitted ONLY for purposes of ingress and egress to and from the placement residence at 1138 Custer Road.

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2. Mr. Fields is excluded from the Mountain Empire Community Center at 276 Sheridan Road pending further court order.

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3. Mr. Fields is excluded from the Little League Fields and Children's Playground and Play Area on Sheridan Road adjacent to the Mountain Empire Community Center.

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4. Mr. Fields is prohibited from walking or hiking on any community trails marked or unmarked within one mile distance from the placement residence pending further court order.

Initial @

Signed: Allen L. Fields
Applicant for Outpatient Treatment

Date: 9/17/14