



California Department of Mental Health

Sex Offender Commitment Program Community Safety Plan

Terms and Conditions of Outpatient Treatment

Patient Name: Christopher Hubbart

Date: April 17, 2012

ADVISORY FINAL 5-21-14

The California Department of Mental Health 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 _____

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.

Initial GH

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 GH

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 GH

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 GH

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 GH

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.

Initial GH

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.

Initial GH

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 GH

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 GH

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 GH

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 GH

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 GH

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.

Initial GH

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.

Initial GH

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.

Initial GH

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.

Initial GH

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.

Initial GH

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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.	(7)
Initial <u>GH</u>	
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.	(7)
Initial <u>GH</u>	
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)
Initial <u>GH</u>	
c. I will not drive a motor vehicle having any passenger who is child_ without the prior written permission of my Outpatient Supervisor.	(7)
Initial <u>GH</u>	
d. I will not pick up any hitchhiker(s) or hitchhike myself.	(7)
Initial <u>GH</u>	

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. (8)

Initial GH

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 without prior approval of my Outpatient Supervisor. (7)

Initial GH

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

Initial GH

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 GH

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 GH

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 GH

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 GH

g. I will not possess binding restraints, handcuffs or other such devices. (8)

Initial GH

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 CH

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

Initial CH

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

Initial CH

k. I agree not to purchase any long distance phone cards without the prior approval of my Outpatient Supervisor. (9)

Initial CH

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. (9)

Initial CH

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 CH

n. I agree not to attend any community events or activities that might restrict the freedom of my victims or their families to attend, without the prior approval of my Outpatient Supervisor. (7)

Initial CH

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 GH

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 GH

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

Initial GH

- c. Psychological Assessments. (5)

Initial GH

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

Initial GH

SECTION B
SPECIAL TERMS AND CONDITIONS (CONT'D)

**Reason
Codes**

B.6 INDIVIDUAL TREATMENT PROGRAM (CONT'D)

e. Drug and alcohol screening tests.

(9)

Initial GH

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

(6)

Initial GH

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.

(6)

Initial GH

B.8 GLOBAL POSITIONING SYSTEM (GPS) MONITORING

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

(7)

Initial GH

b. I agree to fully participate and comply with all restrictions associated with GPS, including community areas of exclusion and inclusion.

(7)

Initial GH

c. I agree to wear an ankle bracelet and be physically within 50 feet of a designated monitoring device at all times.

(7)

Initial GH

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

(7)

Initial GH

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.

(7)

Initial GH

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.

(7)

Initial GH

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 CH

B.10 CURFEW

I will not be absent from my place of residence, except for an emergency, between the hours of 9:00 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.

(8)

Initial CH

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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.

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- 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, without the written permission of the Outpatient Supervisor.</p> <p style="text-align: right;">Initial <u>CH</u></p>	(7)
<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;">Initial <u>CH</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;">Initial <u>CH</u></p>	(7)
<p>C.4 I will not maintain any toll-free telephone service (e.g., 800, 888, 855, 866, 877 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.</p> <p style="text-align: right;">Initial <u>CH</u></p>	(8)

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. (7)

Initial CH

C.6 I will not associate with individuals who attempt to challenge or undermine my Community Safety Plan. If this occurs, I will immediately report these incidents to my CONREP providers. (8)

Initial CH

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 CH

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 CH

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. (8)

Initial CH

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. (7)

Initial CH

C.11 I will discuss any medication side-effects with CONREP staff as soon as I experience them. (6)

Initial CH

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

Initial CH

C.13 I will not walk or bicycle in or through residential areas without prior approval from the Outpatient Supervisor or designee. (8)

Initial CH

C.14 I will not visit or be in the vicinity of any state or public parks, beaches or pools without prior approval from the Outpatient Supervisor or designee. (8)

Initial CH

C.15 I will not possess any pets without the prior approval of the Outpatient Supervisor. (9)

Initial GH

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 GH

C.17 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 GH

C.18 I will not be alone and outside of my residence after sunset without prior approval from the Community Program Director or designee. (8)

Initial GH

C.19 I will not offer money, shelter, food or clothing to others in need without prior approval by the Outpatient Supervisor or designee. (7)

Initial GH

C.20 All visitors to my residence must be pre-approved by my Outpatient Supervisor or designee. (7)

Initial GH

C.21 I will not initiate any contact with community organizations without prior approval from the Outpatient Supervisor or designee. (7)

Initial GH

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

Initial GH

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

Initial GH

C.24 I will maintain full transparency with Liberty staff and my treatment providers. (8)

Initial GH

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. (8)

Initial GH

C.26 I will log and report to my treatment providers any and all instances of sexual thoughts and fantasies that involve my past sexual offense victims, or aggressive, coercive or forced sexual activity. (8)

Initial GH

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

Initial GH

C.28 I will discuss any medication changes I am considering with CONREP staff or my assigned psychiatrist and/or physician before making any changes. I understand that refusing to take prescribed medications while in the community could result in rehospitalization. (7)

Initial GH

C.29 I will comply with all requirements which are communicated to me by the Outpatient Supervisor or designee. (8)

Initial GH

C.30 I will not possess binoculars or telescopes unless approved by the by the Outpatient Supervisor. (7)

Initial GH

C.31 I will keep a daily journal of maladaptive thought and emotions (e.g., hopelessness; significant frustration; depression; low self-esteem; complacency; loneliness,; etc.) I have experienced. In addition, I will log any thoughts or behaviors that indicate that I am isolating myself (e.g., reduction in calling friends or family; reduced participation in groups; decreased interest in trying new activities in the community). I will share this journal with my treatment providers. (8)

Initial GH

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 GH

C.33 I will not correspond or have contact with known criminals without prior approval from the Outpatient Supervisor. (8)

Initial GH

C.34 I will not go to or spend time at bowling alleys or bowling alley parking lots. (1)

Initial GH

C.35 I will stay on well-traveled and public walking and driving routes. I will avoid isolated areas. (8)

Initial GH

C.36 I will not own, use, possess, receive, transport or have access to any weapons replica. (1)

Initial GH

C.37 If approved for outdoor activities, I will first submit a written plan outlining how I will get to the location, who I will go with and when I will go and return. (8)

Initial GH

C.38 I will not knowingly watch movies or television shows involving themes of forced or aggressive sexual acts, abduction or rape. If I view movies or shows related to these themes, I will immediately report them to my Outpatient Supervisor or designee. (8)

Initial GH

C.39 I will keep all kitchen knives, utensils and cutlery in the kitchen or dining area of my residence. (8)

Initial GH

C.40 I will keep all hand tools secured at my residence in a designated location when not in use. (8)

Initial GH

C.41 I will not possess any gloves or adhesive tape without prior approval of my Outpatient Supervisor or designee. (8)

Initial GH

C.42 I will not possess enemas or sexual lubricants. (8)

Initial GH

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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 without prior written permission from my Outpatient Supervisor. 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> | (7) |
| <p>Initial <u>CH</u></p> | |
| <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.</p> | (7) |
| <p>Initial <u>CH</u></p> | |
| <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> | (7) |
| <p>Initial <u>CH</u></p> | |
| <p>D.4 I will promptly bring to the immediate attention of my Outpatient Supervisor any “accidental” contact with any minor.</p> | (7) |
| <p>Initial <u>CH</u></p> | |
| <p>D.5 I will not possess children’s clothing, toys, games, etc. without the prior written approval of my Outpatient Supervisor.</p> | (7) |
| <p>Initial <u>CH</u></p> | |
| <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 without the prior written authorization of my Outpatient Supervisor.</p> | (7) |
| <p>Initial <u>CH</u></p> | |

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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: *Chris Hubbart*
APPLICANT FOR OUTPATIENT TREATMENT

Dated This 17th Day Of April, 2012 At Coalinga, California

SIGNED: *Shirley Esteban Lopez*
CONREP OUTPATIENT SUPERVISOR OR REPRESENTATIVE

Dated This 31 Day Of October, 2013 At 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 **Christopher Hubbart** pursuant to Penal Code Section 1610 and other applicable provisions of the law.

Signed: *JMS*
SUPERIOR COURT JUDGE

Dated This 7/5th Day Of May, 2014, At San Jose, California