



## Corrections and Community Supervision

ANDREW M. CUOMO  
Governor

ANTHONY J. ANNUCCI  
Acting Commissioner

### ATTACHMENT 3

#### **WAIVER OF ACCESS TO PORNOGRAPHY, PHOTOGRAPHS, AND OTHER MATERIALS**

I, \_\_\_\_\_, DIN \_\_\_\_\_, understand that as a part of my Sex Offender Counseling and Treatment Program, progress and rehabilitation, it is necessary for me to refrain from possessing or having access to materials which in the judgment of the treatment staff may be deemed to be pornography or other materials which the treatment staff have determined may encourage or otherwise suggest inappropriate sexual impulses or feelings. I understand that, although certain materials may be permissible under Directive #4572 – Media Review, I am affirmatively waiving and agreeing to refrain from possessing, reading, accessing or otherwise using pornography, photographs and other materials as directed by the treatment staff, throughout the course of the Sex Offender Counseling and Treatment Program and thereafter, including any period during which my treatment may have been suspended, as long as I am in the custody of the New York State Department of Corrections and Community Supervision. I also understand and agree that the list of pornography, photographs and other materials I may not possess, read, access or use may be modified at any time during my participation in the program by the treatment staff. Upon such modification, I will be notified and I will sign an acknowledgement amending this Waiver.

Questionable materials will be reviewed by the treatment staff in consideration of my offense and treatment history. I understand that if I am found to be in possession of pornography or material found to be inappropriate, it may result in a misbehavior report, and may also result in my removal from the Sex Offender Counseling and Treatment Program or regression to an earlier module of the program, if recommended by the Treatment Team. If removal is indicated, documentation will be placed in my Guidance folder and Community Supervision folder and notification will be sent to the NYS Board of Examiners of Sex Offenders. I also understand that once I have successfully completed the Sex Offender Counseling and Treatment Program, if found to be in possession of any inappropriate materials, this will be considered a relapse and I will be referred again to participate in the Sex Offender Counseling and Treatment Program, documentation will be placed in my Guidance folder and Community Supervision folder and the NYS Board of Examiners of Sex Offenders will be notified.

The Sex Offender Counseling and Treatment Program Policy and the Waiver of Access to Pornography, Photographs and Other Materials have been explained to me to my satisfaction by the treatment staff. I understand the policy and agree to the terms of this Waiver as set forth above.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treatment Staff Signature

\_\_\_\_\_  
Date

cc: Inmate  
Community Supervision Folder  
Guidance Folder