

# CSOM



## THE NATIONAL JUDICIAL COLLEGE

**IMPROVING RESPONSES TO SEX OFFENDER SENTENCING AND MANAGEMENT**

# **TECHNICAL ASSISTANCE INITIAL REQUEST FORM**

Interested applicants should complete and submit the attached technical assistance application and required attachments. Requests will be accepted on a rolling basis. This form should be used to request assistance and should be accompanied by a completed scorecard (see #1) and brief letter of support (see #6).

**Date:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

1. Please confer with your stakeholder partners in sex offender management to complete the attached Sex Offender Management in Your Jurisdiction: Self-Assessment Scorecard and submit it with the rest of your application.
2. Describe the specific focus/scope and nature of technical assistance being requested. Why are you requesting assistance at this time? Why is it a pressing need in your jurisdiction?
3. Describe a primary goal or outcome that you hope to achieve and the benefits you hope to derive from the receipt of this specialized technical assistance?
4. Who are the intended recipients of the technical assistance (e.g., judges, court staff, probation, treatment, advocates, others)?
5. What is the proposed timeframe for the delivery of assistance?
6. Describe the role of key leadership in the effort. How will they support or participate in the assistance? Note: A letter of support from the chief judge of the local court must accompany this form.
7. All technical assistance recipients are required to participate in a follow-up assessment of the impact of the assistance. You will be asked to complete and submit an evaluation form (provided by the project) describing the assistance that you received and your assessment of its usefulness and effectiveness. Please indicate your agreement to fully participate in this assessment.

\_\_\_\_\_ **Yes, I agree to participate in a follow-up assessment of the impact of the assistance.**

Submit this completed form, the self-assessment scorecard (as described in #1 above) and letter of support (as described in #6 above) by email to:

**Leilah Gilligan, Project Manager**  
**Center for Sex Offender Management**  
**Email: [lgilligan@cepp.com](mailto:lgilligan@cepp.com)**