



STATE OF TENNESSEE
BOARD OF PROBATION AND PAROLES

To Whom It May Concern:

Re: _____(Offender name)_____ (Tomis Number)

This is to confirm that the financial capabilities of the above referenced individual have been reviewed. It has been determined by this officer that _____ is considered indigent, for the purpose of sex offender psycho-sexual evaluation, treatment, and/or polygraph services, in accordance with Board of Probation and Parole Policy 705.11, TCA 40-15-105, 40-24-207, 40-28-201, 40-28-202, 40-28-203, 40-35-101 and 40-35-313. Claims for approved services by an approved provider may be submitted to the Tennessee Sex Offender Treatment Board for reimbursement at the established TSOTB rate.

Specific Reason offender meets guideline _____

Date of Expiration (indicate "no expiration" if offender meets criteria for social security disability or other permanent exemption type) _____

Manager Approval: _____

(Probation Parole Officer Signature)

(Date)

cc: BOPP offender case file

for further information on reimbursement, see
<http://www.tennessee.gov/correction/tsotb/pdf/SOTBAdministrativePolicies&Procedures21Aug2007pg20-21.pdf>