

**Georgia Department of Corrections
Sex Offender Psycho-Educational Program
Refusal Form**

To: Georgia State Board of Pardons and Paroles Hearing Examiner

From: _____
Chief Counselor

STATE PRISON or Correctional Institution

Re: _____/
Offender's Name/ID Number

Date: _____

The above offender will not be attending the Georgia Department of Corrections, Sex Offender Psycho-Educational Program scheduled to begin _____(date) due to the following reasons:

_____ Offender has refused SOPP citing innocence.

_____ Offender has been denied SOPP due to denial of current offense.

_____ Offender has refused SOPP due to pending appeal.

_____ Offender prefers serving full time rather than participating in SOPP.

_____ Other

Offender Statement:

The Georgia State Board of Pardons and Paroles has stipulated that I complete the sex offender psycho-educational program prior to parole. I do not wish to participate/continue in the program.

I understand that failure to complete the entire program could reflect negatively upon my parole consideration and my parole could be delayed or denied entirely.

Offender Signature and GDC Identification Number

The above statement has been read and explained to the offender.

Witnessed: _____
Counselor Date

Witnessed: _____
Counselor Date

Witnessed: _____
Chief Counselor Date

Instructor's Notes: