

Convictions for Sex Related Offenses:

Offense: _____ CF#: _____ City/County/State of Conviction: _____

Date Convicted: ____/____/____ Date Sentence Completed: ____/____/____ Age/Sex of Victim(s) ____/____

Name under which convicted: _____

Offense: _____ CF#: _____ City/County/State of Conviction: _____

Date Convicted: ____/____/____ Date Sentence Completed: ____/____/____ Age/Sex of Victim(s) ____/____

Name under which convicted: _____

Offense: _____ CF#: _____ City/County/State of Conviction: _____

Date Convicted: ____/____/____ Date Sentence Completed: ____/____/____ Age/Sex of Victim(s) ____/____

Name under which convicted: _____

Incarcerations/Hospitalizations Pertaining to the Above Sex Offenses:

Name of Institution Location Dates

Name of Institution Location Dates

Name of Institution Location Dates

DOC sex offender treatment participation? (Y or N) Date of completion: _____

Internet Identifiers (If more than one, attach or write on back):

Email Address Instant Message Name(s) Other Identifier(s)

Passport and Immigration Document(s):

Passport # Issued/Expiration Dates

Professional Licensing Information:

Type of License/License #

Offender Signature: _____ Reporting Officer: _____

A description of all occupants residing with the person registering, to include the following:

Name	Date of Birth	Gender	Relation to Registrant	Length of Time in Residence
Name	Date of Birth	Gender	Relation to Registrant	Length of Time in Residence
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(Use the space below if more space is needed)