

_____ COUNTY SHERIFF'S OFFICE
GEORGIA SEX OFFENDER REGISTRATION FORM

SECTION I: OFFENDER INFORMATION

Prefix	<input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
First Name*	Middle Name	Last Name*	Suffix <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	Social Security Number*		
Date of Birth*		Current Age	
Mobile Phone #		Mobile Phone #2	
Other Phone #		Other Phone #2	
Offender Type <input type="checkbox"/> Sex Offender <input type="checkbox"/> Predator	Risk Level <input type="checkbox"/> Not Leveled <input type="checkbox"/> Cannot Level <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Predator		
Offender Status <input type="checkbox"/> Absconder <input type="checkbox"/> Awaiting Deportation <input type="checkbox"/> Compliant <input type="checkbox"/> County Jail <input type="checkbox"/> Deceased <input type="checkbox"/> Deported <input type="checkbox"/> Detention Center <input type="checkbox"/> Incarcerated – GA <input type="checkbox"/> Incarcerated – Out of State <input type="checkbox"/> Local Jail <input type="checkbox"/> Moved Out of State <input type="checkbox"/> Out-of-Country <input type="checkbox"/> Pending <input type="checkbox"/> Visiting			
Height*	Weight*	Hair Color*	Eye Color*
Race* <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White			
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Birth State		Birth Country
Passport #	Immigration Status	Immigration ID #	

SECTION II: ADDRESSES

Type <input type="checkbox"/> Mailing Address Only <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> Temporary			
Description			
Primary (physical -main address where offender lives) Number and Street*			
City*	State*	Zip*	County
Temporary Address (occupies a specific time period) Number and Street*			
City*	State*	Zip*	County
Other (stays on a regular basis but not as often as primary)*/ Sleeping Location (Homeless)			
City*	State*	Zip*	County*
Mailing Address (where he receives mail, including P.O. Box)*			
City*	State*	Zip*	County*
If Reside in a Mobile Home, include Permit Number*	Description including Color Scheme*		
If Reside in a Manufactured Home, include Name/Address of Owner	Description including Color Scheme*		

SECTION III: ALIASES		
First Name*	Middle Name	Last Name
First Name*	Middle Name	Last Name
First Name*	Middle Name	Last Name
First Name*	Middle Name	Last Name
SECTION IV: ALTERNATE IDENTIFIERS		
DOB	SSN	SID
SECTION V: EMPLOYMENT		
<i>Primary Place of Employment*</i>		
Occupation		
Additional / Other Employment Information		
Employer Telephone Number		
Employer Address Number and Street*		
City*	State*	Zip*
County*		
Date of Employment* (Start date)	Work Hours	Supervisor Name and Contact #
Job Description	End Employment Date	
<i>Secondary Place of Employment*</i>		
Occupation		
Additional / Other Employment Information		
Employer Telephone Number		
Employer Address Number and Street*		
City*	State*	Zip*
County*		
Date of Employment* (Start date)	Work Hours	Supervisor Name and Contact #
Job Description	End Employment Date	
SECTION VI: LICENSES		
Driver License #	Issuing State	Expiration Date
Professional License #	Type	Issuing Agency
Issuing State	Expiration Date	

SECTION VII: OFFENSES {List offenses that require registration as a sex offender}

<i>In-State Offense *</i>	Offense*		
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Conviction Date*	Offense Date*	Court of Conviction	
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Were you convicted under First Offender Act? Yes No

<i>In-State Offense*</i>	Offense*		
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Conviction Date*	Offense Date*	Court of Conviction	
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Were you convicted under First Offender Act? Yes No

<i>Out-of-State Offense*</i>	Offense*	Convicted as a Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Conviction Date*	Offense Date*	Court of Conviction	
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<i>Out-of-State Offense*</i>	Offense*	Convicted as a Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Conviction Date*	Offense Date*	Court of Conviction	
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VICTIM INFORMATION

Age	Sex	Race	Relationship
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Age	Sex	Race	Relationship
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Age	Sex	Race	Relationship
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Age	Sex	Race	Relationship
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SECTION VIII: PROBATION / PAROLE

Are you on Probation? Yes No Start Date _____

Are you on Parole? Yes No Start Date _____

Officer's Name: _____

City	State	Zip	Phone #
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Agency's Name _____

SECTION VX: SMTs {Scars / Marks / Tattoos}

Artificial Body Parts / Deafness / Deformities / Drugs / Eye Disorders / Fractured Boned / Healed Fractured Bones / Medical Conditions & Diseases / Medical Devices & Implants / Missing Body Parts or Organs / Moles / Needle Marks / Other Physical / Removed Tattoos / Skin Discoloration / Tattoos / Therapeutic Drugs}

SMT Type	
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SMT Location	
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Additional Description	
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SECTION X : SCHOOL INFORMATION

Name of School*	Date of Enrollment
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Additional Info: Enrolled <input type="checkbox"/> Part Full <input type="checkbox"/> Full Time	Name of Campus you Attend	School Telephone Number
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Address Number and Street*

City*	State*	Zip*	County
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SECTION XI: BOAT INFORMATION			
Registration #*		Registration State*	Registration Expiration Year*
Hull Serial #*	Make*	Model*	Year*
Type	Color*	Additional Colors*	
Outer Hull Material	Hull Shape	Propulsion	Length
Home Port	Boat Name*	Coast Guard #	

SECTION XII: VEHICLE INFORMATION

VEHICLE #1: Tag #*		State*	Tag Type* (See SORT List)	Expiration
VIN		Vehicle Type	Year*	Make*
Model*	Style	Color*	Vehicle Ownership <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Acquaintance <input type="checkbox"/> Member of Household <input type="checkbox"/> Relative <input type="checkbox"/> Rental <input type="checkbox"/> Work	
Additional Details			General Parking Locations	
VEHICLE #2: Tag #*		State*	Tag Type* (See SORT List)	Expiration
VIN		Vehicle Type	Year*	Make*
Model*	Style	Color*	Vehicle Ownership: <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Acquaintance <input type="checkbox"/> Member of Household <input type="checkbox"/> Relative <input type="checkbox"/> Rental <input type="checkbox"/> Work	
Additional Details			General Parking Locations	
VEHICLE #3: Tag #*		State*	Tag Type* (See SORT List)	Expiration
VIN		Vehicle Type	Year*	Make*
Model *	Style	Color*	Vehicle Ownership: <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Acquaintance <input type="checkbox"/> Member of Household <input type="checkbox"/> Relative <input type="checkbox"/> Rental <input type="checkbox"/> Work	
Additional Details			General Parking Locations	

SECTION XIII: SPOUSE AND FAMILY INFORMATION (NOT REQUESTED IN SORT)

Select One:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Spouse / Significant Other			DOB
Address			
City		State	Phone
Mother's Name			DOB

Address		
City	State	Phone
Father's Name		DOB
Address		
City	State	Phone
Nearest Relative/Friend		DOB
Relationship		
Address		
City	State	Phone
SECTION XIV: OTHER INFORMATION		
Do you use alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO	Brands	
Do you use tobacco? <input type="checkbox"/> YES <input type="checkbox"/> NO	Brands	
Date Released from Prison, Placed on Probation, Parole or Supervised Release*:		
SECTION XV: NOTIFICATIONS		
Notice to Offender		
You must re-register with the sheriff's office in person within 72 hours prior to your birthday; 72 hours prior to any change of address; within 72 hours of change of employment or school status.		<i>Initial:</i>
Attached is a copy of the Georgia Sex Offender Registration Notification Form that advises you of your responsibilities. Review and initial each provision.		<i>Initial:</i>
By signing this, you understand that failure to comply with these or any other requirements of the Georgia Sexual Offender Registry, may result in your arrest and prosecution. Any person who knowingly <i>provides false information or fails to comply with the above requirements</i> shall be guilty of a felony punishable by one to thirty years in prison on the first offense.		<i>Initial:</i>
Attached is a copy of the Sex Offender Registration laws. Initial to the right to acknowledge receipt of this law.		<i>Initial:</i>
Offender's Signature*:	Date:	
Deputy's Signature*:	Date:	
Remarks:		
SECTION XVI: SHERIFF S OFFICE PERSONNEL		
Date of Registration*:	Fingerprints Taken*:	
Photo Taken*:	SRN Number*:	
Offense date places offender in the following proximity restriction time period (check one):		
<input type="checkbox"/> Prior to June 4, 2003	<input type="checkbox"/> June 5, 2003 – June 30, 2006	
<input type="checkbox"/> July 1, 2006 – June 30, 2008	<input type="checkbox"/> July 1, 2008 and thereafter	