HENDERSON POLICE DEPARTMENT

CONVICTED PERSONS QUESTIONNAIRE

HPD 0069

Date	FBI#	SCOPE ID#	Alien Reg #

Last Name	First Name	Middle Name

Aliases/Nicknames and/or Maiden Name

SSN	Race	Sex	Height	Weight	Hair	Eyes	DOB	Place of Birth

Current Primary Address (Including City, State and Zip Code)	Phone number (Incl. area code)

Date arrived in Henderson	Is this address ☐A Permanent Address ☐A Temporary Address (If yes, departure date:_____)	Additional DOB's and/or Social Security Numbers

Scars, Marks, Tattoos, Amputations (Full description including location- i.e. upper right arm) (use attached for additional descriptions)

Present Occupation	Present Employer and Address

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Style	License Plate #	State	Reg. Exp. Date	VIN	Color

☐ Parole ☐ Probation	Length of Time	Release Date	P&P Officer (if assigned)

CONVICTIONS

Federal ☐Yes ☐No	Conviction Date	Offense	
City and State	Sentence	Institution	Year Released
Federal ☐Yes ☐No	Conviction Date	Offense	
City and State	Sentence	Institution	Year Released
Federal ☐Yes ☐No	Conviction Date	Offense	
City and State	Sentence	Institution	Year Released
Federal ☐Yes ☐No	Conviction Date	Offense	
City and State	Sentence	Institution	Year Released

I understand that if I remain in the State of Nevada for a period of more than 48 hours, it is my responsibility to register with the Sheriff or Chief of Police in the county in which I reside, for ALL convictions defined in N.R.S. 179C. Any person violating the provisions of 179C may be guilty of a misdemeanor.

I verify the information on this form is true and accurate.

I understand that it is my responsibility to re-register with the Police Department for any additional felony convictions I receive.

☐ NCIC _____
☐ NLET _____
☐ CJIS _____
☐ SCOPE _____
☐ PER SUBJECT _____
☐ OTHER _____

_____
Registrant's Signature Date

_____
Employee's Signature/P# Date

Information collected per NRS 179A.075.

CONVICTED PERSONS QUESTIONNAIRE

HPD 0069

Additional Scars, Marks, Tattoos, Amputations (full description including location- i.e. upper right arm)

_____

_____

_____

_____

_____

ADDITIONAL CONVICTIONS				
Federal ☐Yes ☐No	Conviction Date	Offense		
City and State	Sentence		Institution	Year Released
Federal ☐Yes ☐No	Conviction Date	Offense		
City and State	Sentence		Institution	Year Released
Federal ☐Yes ☐No	Conviction Date	Offense		
City and State	Sentence		Institution	Year Released
Federal ☐Yes ☐No	Conviction Date	Offense		
City and State	Sentence		Institution	Year Released
Federal ☐Yes ☐No	Conviction Date	Offense		
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