

State of Nevada Sex Offender Registration Form

<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Student Registration	<input type="checkbox"/> Employment Registration	<input type="checkbox"/> Visitor Registration
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Photocopy: <input type="checkbox"/> Driver's License	<input type="checkbox"/> ID Card	<input type="checkbox"/> Passport	<input type="checkbox"/> Professional License
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REGISTERING AGENCY INFORMATION FOR OFFICIAL USE ONLY

Agency Name:	
Agency Address:	
Agency Phone:	
Zone and Responsibility:	

OFFENDER INFORMATION

Registration Date:				FOR OFFICIAL USE ONLY	
Name:	Last:	First :	Middle:	State Registration #	
DOB:				Local Registration #	
SSN:				Scope ID #	
Citizenship:				FBI #	
Passport #:				Nevada SID#	
Immigration ID #:					

PHYSICAL DESCRIPTION & IDENTIFIERS

Height:	Feet:	Inches:	For Official Use Only		
Weight:			Fingerprints Taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hair color:			Palm prints Taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eye Color:			DNA Taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Photo Taken:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race:	<input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander				
Ethnicity:	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				
Place of Birth:	City:	State:	Country:		

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ADDRESS INFORMATION				
MUST HAVE PHYSICAL ADDRESS OR LOCATION, PO BOX FOR MAILING ONLY				
<input type="checkbox"/> Current <input type="checkbox"/> Temporary/Visitor <input type="checkbox"/> Secondary <input type="checkbox"/> Non-fixed				
Address:	Street Address:	City:	State:	Zip Code:
	County:	Telephone #:	Cell Phone#:	
Non-fixed Location:				
Start Date:		End Date:		
Length of time at the above address:	Days:	Months:	Years:	
Expected length of Time at Address:	Days:	Months:	Years:	
Expected Length of Time in County:	Days:	Months:	Years:	
Expected Length of Time in State:	Days:	Months:	Years:	
Previous Address:				End Date:
<input type="checkbox"/> Mailing Address:	Street Address:		City:	
	State:	Zip Code:	County:	

ALIASES	
<input type="checkbox"/> Tribal <input type="checkbox"/> Ethnic <input type="checkbox"/> Clan <input type="checkbox"/> Moniker <input type="checkbox"/> Name	
<input type="checkbox"/> Tribal <input type="checkbox"/> Ethnic <input type="checkbox"/> Clan <input type="checkbox"/> Moniker <input type="checkbox"/> Name	
<input type="checkbox"/> Tribal <input type="checkbox"/> Ethnic <input type="checkbox"/> Clan <input type="checkbox"/> Moniker <input type="checkbox"/> Name	
<input type="checkbox"/> Tribal <input type="checkbox"/> Ethnic <input type="checkbox"/> Clan <input type="checkbox"/> Moniker <input type="checkbox"/> Name	

SEX OFFENDER TREATMENT/CAUTIONS
Is the registrant <u>currently</u> involved in sex offender treatment/counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where:
Has the registrant been involved in sex offender treatment in the <u>past</u> somewhere else? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where & when:
Has the registrant ever been diagnosed with any type of transmittable disease? <input type="checkbox"/> None Noted <input type="checkbox"/> Genital Herpes <input type="checkbox"/> Positive HIV <input type="checkbox"/> Hepatitis B <input type="checkbox"/> STD's _____

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EMPLOYMENT INFORMATION					
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Volunteer					
Business Name:					
Employment Address:	Street Address:		City:		County:
	State:	Zip Code:		Phone#:	
Occupation:					Start Date:
Length of time at the above Employment:		Days:		Months:	Years:
Business Name:					
Employment Address:	Street Address:		City:		County:
	State:	Zip Code:		Phone#:	
Occupation:					Start Date:
Length of time at the above Employment:		Days:		Months:	Years:

INTERNET IDENTIFIERS		
Screen Name	E-Mail Address	Instant Message Address

PROFESSIONAL LICENSE INFORMATION	
Name on License:	
License Number:	Expiration Date:
Issuing State:	
License Type:	

SUPERVISION		
Currently on supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Parole/Probation Officer:	Phone Number:

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SEXUAL OFFENSE INFORMATION									
Conviction Offense:							Age at Time of Offense:		
Location of offense:	City:			State:		Date Offense Committed:			
Name Convicted Under:						Date Convicted:			
Court of Conviction:						Date Released:			
Court Sentence:						<input type="checkbox"/> Felony <input type="checkbox"/> Misd <input type="checkbox"/> GM <input type="checkbox"/> Juvenile			
Place of Incarceration:	Facility Name:			City:			State:		
Victim Information:	Age at time of offense:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Victim:					
Victim Information:	Age at time of offense:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Victim:					
Required to register in another state:	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes list state(s)						

SEXUAL OFFENSE INFORMATION									
Conviction Offense:							Age at Time of Offense:		
Location of offense:	City:			State:		Date Offense Committed:			
Name Convicted Under:						Date Convicted:			
Court of Conviction:						Date Released:			
Court Sentence:						<input type="checkbox"/> Felony <input type="checkbox"/> Misd <input type="checkbox"/> GM <input type="checkbox"/> Juvenile			
Place of Incarceration:	Facility Name:			City:			State:		
Victim Information:	Age at time of offense:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Victim:					
Victim Information:	Age at time of offense:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Victim:					
Required to register in another state:	<input type="checkbox"/> YES <input type="checkbox"/> NO		If yes list state(s)						

SCARS - MARKS - TATTOOS		
TYPE	LOCATION	DESCRIPTION
<input type="checkbox"/> TATTOO <input type="checkbox"/> SCAR <input type="checkbox"/> MARK		
<input type="checkbox"/> TATTOO <input type="checkbox"/> SCAR <input type="checkbox"/> MARK		
<input type="checkbox"/> TATTOO <input type="checkbox"/> SCAR <input type="checkbox"/> MARK		
<input type="checkbox"/> TATTOO <input type="checkbox"/> SCAR <input type="checkbox"/> MARK		

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CURRENT SCHOOL INFORMATION				
School Name:				
School Type:	<input type="checkbox"/> High School	<input type="checkbox"/> Private School	<input type="checkbox"/> College/University	<input type="checkbox"/> Trade/Technical School
School Address:	Street Address:	City:	State:	Zip Code:
	County:		Telephone #:	
Start Date:			End Date:	

DRIVER'S LICENSE-IDENTIFICATION-VEHICLE INFORMATION <input type="checkbox"/> VEHICLE <input type="checkbox"/> BOAT <input type="checkbox"/> AIRCRAFT				
<input type="checkbox"/> Drivers License #	<input type="checkbox"/> Identification Card #	Expiration Date:	State of Issue:	
License Plate/Registration #	License State:	Registration Expiration Date:		
Vehicle Identification Number (VIN):	Vehicle Color:			
Make & Model:	Vehicle Year:	Vehicle Type:		
Location Vehicle, Boat or Aircraft kept:				

DRIVER'S LICENSE-IDENTIFICATION-VEHICLE INFORMATION <input type="checkbox"/> VEHICLE <input type="checkbox"/> BOAT <input type="checkbox"/> AIRCRAFT				
<input type="checkbox"/> Drivers License #	<input type="checkbox"/> Identification #	Expiration Date:	State of Issue:	
License Plate/Registration #	License State:	Registration Expiration Date:		
Vehicle Identification Number (VIN):	Vehicle Color:			
Make & Model:	Vehicle Year:	Vehicle Type:		
Location Vehicle, Boat or Aircraft kept:				

By my signing I acknowledge the above information is true and complete. I understand that providing false or misleading information to the registering authority or failure to sign this form can result in my arrest and charge with a category D felony pursuant to NRS 179D.290, NRS 179D.450, NRS 179d.460 and NRS 179D.550

Registrant's Signature

Date

Agency Representative Signature:

Date

*Agency representatives' signature is required

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SEX OFFENDER REGISTRATION REQUIREMENTS ADMONISHMENT

Agency Name:			Agency/Scope #:	
Last Name:	First Name:	Middle Name:	Date of Birth:	Social Security #:

MY INITIALS ACKNOWLEDGE THAT I HAVE READ OR HAD READ TO ME EACH PARAGRAPH

- Initial _____ 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 NRS 179D. Any person violating the provisions of NRS 179D.550 is guilty of a felony.
- Initial _____ I have a duty to register in Nevada during any period in which I am a resident of this state. If I am a resident of another state and I am employed, and, or attending an institution of higher education (post secondary school) in Nevada, I am required to register with local law enforcement in Nevada. If I am attending an institution of higher education in Nevada, I must also register with the campus police. (NRS 179D.450, NRS 179D.460)
- Initial _____ I understand that if I am a resident of Nevada, and I am working or carrying on a vocation in a state other than Nevada, I must personally appear to register with law enforcement in the state I am employed, or carrying on a vocation. If I am attending an institution of higher education in another state, I must appear in person to register with campus police. (NRS 179D.450)
- Initial _____ If I move from my last registered address to another residence within this city, county, state, or change employment, school or vehicle registered to me or vehicles frequently driven by me I must report the change in person to the local law enforcement agency. If I move to another residence outside this state to another jurisdiction, I am required to notify in person or in writing, the local law enforcement agency in the jurisdiction where I formerly resided, of the change of address. Failure to notify the local law enforcement agency of these changes or providing false or misleading information is a felony. (NRS 179D.240, 179D.250, 179D.460, 179D.470 179D.550)
- Initial _____ If I move from this State to another jurisdiction, it is my responsibility to register with the appropriate law enforcement agency in that jurisdiction (50 states, 5 principle territories, District of Columbia, and Indian tribes).
- Initial _____ On the anniversary date of establishing a record of registration, the Central Repository shall mail a non-forwardable "Registration Verification" packet to my last registered address. I must complete and sign the form and return the form to the Central Repository with fingerprints and a current photo not later than 10 days after receipt of the form to verify that I still reside at the address I last registered and to update the information relevant to my registration. If I have been declared a sexually violent predator (NRS 179D.430), the Central repository shall mail a non-forwardable "Registration Verification" packet to my last registered address every 90 days. I must complete and sign the form and return the form to the Central Repository with fingerprints and a current photo not later than 10 days after receipt of the form to verify that I still reside at the address I last registered and to update the information relevant to my registration. (NRS 179D.480)
Return Registration Verifications to: Department of Public Safety 333 West Nye Lane Suite 100, Carson City Nevada 89706.
- Initial _____ Any sex offender who has **no fixed** residence shall at least every 30 days notify the local law enforcement agency in whose jurisdiction the sex offender resides if there are any changes in the address of any dwelling that is providing the sex offender temporary shelter or any changes in location where the sex offender habitually sleeps. (NRS 179D.470)
- Initial _____ If I am traveling outside of the United States for employment, attending school or to reside I am required to notify the local law enforcement agency in my residence jurisdiction of the intended travel at least 21 days in advance. (NRS 179D.151, 179D.470, 42 U.S.C. 16928, 42 U.S.C 16921(b), 73 FR at 38066-67, 42 U.S.C. 16914(a)(7), 76 FED.REG.page 1637 (Jan.11, 2011))
- Initial _____ If I am lodging in places other than my residence for seven (7) days or more regardless of whether that results from domestic or international travel I am required to notify the local law enforcement agency in my residence jurisdiction of my travel plans and notify the local law enforcement agency where I will be lodging domestically or internationally of my presence. (NRS 179D.151, 179D.470, 73 FR at 38056, 38066, 76 FED.REG.page 1637 (Jan.11, 2011))

By my signing I acknowledge that I have read and understand the requirements above and if I fail to comply with these requirements, provide false or misleading information to the registration authority, or fail to initial and sign this form I may be arrested and charged with a **category D felony pursuant to NRS 179D.450, NRS 179D.290 and NRS 179D.550.**

Registrant's Signature _____
Date

Agency Representative Signature _____
Date

* Agency representatives' signature is required.

State of Nevada Sex Offender Registration Form

Medical Treatment Questionnaire

Last Name:	First Name:	Date of Birth:	Social Security #:
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1. Is the registrant **currently** involved in sex offender treatment/counseling?
 No Yes
If yes, where & when: _____

2. Has the registrant been involved in sex offender treatment in the **past** somewhere else?
 No Yes
If yes, where & when: _____

3. Is the registrant **currently** involved in treatment for substance abuse?
 No Yes
If yes, where & when: _____

4. Has the registrant been involved in substance abuse treatment in the **past** somewhere else?
 No Yes
If yes, where & when: _____

5. Do you have physical limitations that would limit your sexual activity? ****Note if you had the condition at the time of the current offense, it will not count.****
 Paralysis Stroke Surgery/Medication to prevent sexual activity
 Other: _____

6. Has the registrant ever been diagnosed with any type of transmittable disease?
 None Noted Genital Herpes Positive HIV Chronic/Active Hepatitis B

By my signing I acknowledge the above information is true and complete. I understand that providing false or misleading to the registering authority, or failure to sign this form can result in my arrest and charge with a **category D felony pursuant to NRS 179D.450, NRS 1NRS 179D.290 and NRS 179D.550**

Registrant's Signature

Date

Local Agency Representative

Date

* Agency representatives' signature is required.