



Colorado Bureau of Investigation
Sex Offender Registry
690 Kipling Street
Denver, Colorado 80215
Phone: (303) 239-4222
Fax: (303) 239-4661



COLORADO SEX OFFENDER REGISTRATION FORM

Reason for Registration

Initial Registration Scheduled Re-Registration Information Update Cancel Registration

Sex Offender Registration Information

_____ (Sex Offender Last Name) _____ (First Name) _____ (Middle Name) _____ (Social Security Number*)

*Disclosure of your Social Security Number (SSN) is required by federal law, 42 USC 16901, et seq. Use of your SSN is for the purposes of Identification, and Colorado Criminal Justice Agencies may share the information with other agencies for the same purpose.

_____ (Date of Birth) _____ (Height) _____ (Weight) _____ (Hair Color) _____ (Eye Color)

_____ (Race) _____ (Sex) _____ (Place of Birth)

_____ (CO Drivers License or Identification Card #) _____ (Alien Registration or Tribal Identification #)

 (Alias Names)

 (Alias Names)

 (Alias Names)

 (Scars, marks, tattoos, and/or other distinguishing characteristics)

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Registrants Initials _____

Supervision Status	Phone Numbers <input type="checkbox"/> I do not have or use any phone
<p>Currently on Probation/Parole: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Supervision Type: <input type="checkbox"/> Probation <input type="checkbox"/> Parole</p> <p style="padding-left: 40px;"><input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County</p> <p>_____ (Officer Name)</p> <p>_____ (Officer Phone)</p>	<p>(_____) _____ (Phone Number) (Phone Type)</p> <p>(_____) _____ (Phone Number) (Phone Type)</p> <p>(_____) _____ (Phone Number) (Phone Type)</p> <p>(_____) _____ (Phone Number) (Phone Type)</p> <p>(_____) _____ (Phone Number) (Phone Type)</p>
Address Information	Address Information
<p><input type="checkbox"/> Previous Permanent Address <input type="checkbox"/> Current Permanent Address</p> <p><input type="checkbox"/> Relocation Address <input type="checkbox"/> Other/Secondary Address</p>	<p><input type="checkbox"/> Previous Permanent Address <input type="checkbox"/> Current Permanent Address</p> <p><input type="checkbox"/> Relocation Address <input type="checkbox"/> Other/Secondary Address</p>
Please use the address addendum for additional addresses	
<p>_____ (Address Line 1)</p> <p>_____ (Address Line 2)</p> <p>_____ (City) (State) (Zip Code)</p> <p>_____ (County) (Begin/End Date – Please Circle)</p> <p><input type="checkbox"/> I do NOT have a permanent address at this time.</p>	<p>_____ (Address Line 1)</p> <p>_____ (Address Line 2)</p> <p>_____ (City) (State) (Zip Code)</p> <p>_____ (County) (Begin/End Date – Please Circle)</p> <p><input type="checkbox"/> I do NOT have a permanent address at this time.</p>
Transient/Homeless Location - Lacking a Fixed Address <input type="checkbox"/> I am currently not transient/homeless	
<p>_____ (Street Address or location – List locations you habitually sleep, cross-streets, intersections, directions, landmarks of the location, etc.)</p> <p>_____ (City) (State) (Zip Code) (County)</p> <p>Dates you will be at this address/location: From: _____ To: _____</p>	

Registrants Initials _____

Employment — Please use the employment addendum for additional employers

I am currently unemployed

(Employer)

(Occupation)

(Start Date)

(Street Address)

(City)

(State)

(Zip Code)

(County)

(Contact Person)

(Phone)

Vehicles — Please use the vehicle addendum for additional vehicles

I do NOT own/use a vehicle, trailer or motor home

(Year)

(Make)

(Model)

(Color/Color Scheme)

(Vehicle Type)

(License Plate #)

(State)

(Vin)

This vehicle is: NOT used as a residence Used as a residence

Post Secondary Education (College/Trade School):

I am NOT a student, employee or volunteer

Please use the post-secondary education addendum for additional institutions of post-secondary education

Student Employee Volunteer

(Start Date)

(End Date)

(School Name)

(Campus)

(Street Address)

(City)

(State)

(Zip Code)

(County)

(Employer)

(Contact)

Electronic Communication Identifiers: As in 16-22-108(2.5)(c)

I do NOT use email, chat or blog

Please use the electronic communication identifier addendum for additional electronic identifiers

(Email address)

(Chat or Blog Name)

(Provider)

(Email Address)

(Chat or Blog Name)

(Provider)

(Email Address)

(Chat or Blog Name)

(Provider)

Registrants Initials _____

Registration Requirement

Quarterly Registration

Annual Registration

(Next Registration Date)_____
(Registrants Initials)

Offenders who lack a fixed residence, **IN ADDITION TO** registering quarterly or annually, must report to the local law enforcement agency monthly if they are a quarterly registrant or quarterly if they are an annual registrant

Lacks a Fixed Residence

 Report Monthly Report Quarterly_____
(Next Reporting Date)_____
(Registrants Initials)

Next of Kin Information

(Name of Next of Kin)_____
(Relationship to Offender)_____
(Phone Number)_____
(Street Address of Next of Kin)_____
(City of Next of Kin)_____
(State)_____
(Zip Code)

By signing below, I attest that I understand and acknowledge my duty to register as a sex offender, as required by the Colorado Sex Offender Registration Act (Title 16, Article 22, Colorado Revised Statutes). Providing false information may constitute a misdemeanor or felony criminal offense.

(Signature of Registrant)_____
(Date) Time: __________
Offender Fingerprint
(Optional)_____
(Signature of Parent/Guardian)_____
(Relationship to Offender)_____
(Phone Number – Parent/Guardian)

↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ **Criminal Justice Use Only** ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓

REGISTERING AGENCY: Complete this section if a copy of this form will be forwarded to the Colorado Bureau of Investigation

EL PASO COUNTY SHERIFF'S OFFICE_____
719-520-7333

(Agency Name) 27 E. Vermijo Ave., Colorado Springs CO 80903

(Date)_____
(Name of Criminal Justice Personnel Administering Registration)_____
INVESTIGATIONS

(Department)

Criminal Justice Information

(Please verify all information with a complete criminal history background)

(Sex Offense Conviction)_____
(Conviction Date)_____
(Conviction State)_____
(Docket #)_____
(Sex Offense Conviction)_____
(Conviction Date)_____
(Conviction State)_____
(Docket #)_____
(FBI #)_____
(State Identification (SID) #)_____
(Agency Case # (OCA))