

COLORADO SEX OFFENDER REGISTRATION FORM

REASON FOR REGISTRATION

Initial Registration
 Scheduled Re-Registration
 Information Update
 Cancel Registration

SEX OFFENDER INFORMATION

REGISTRANT LAST NAME	FIRST NAME	MIDDLE NAME
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DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RACE	ETHNICITY
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HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	PLACE OF BIRTH	TRIBAL IDENTIFICATION NUMBER
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ALIAS NAMES/MONIKERS

SCARS, MARKS, TATTOOS AND/OR OTHER DISTINGUISHING CHARACTERISTICS

SCARS, MARKS, TATTOOS AND/OR OTHER DISTINGUISHING CHARACTERISTICS

SUPERVISION STATUS

I am not on probation or parole

Probation
 Parole

OFFICER NAME

OFFICER PHONE NUMBER

Federal
 State
 County

INTERNATIONAL TRAVEL INFORMATION

I do not have a passport or citizenship outside of the U.S.

PASSPORT NUMBER	PASSPORT ISSUING COUNTRY	PASSPORT ISSUE DATE	PASSPORT EXPIRATION DATE
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ALIEN REGISTRATION NUMBER	CITIZENSHIP (OUTSIDE OF THE UNITED STATES)
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PROFESSIONAL LICENSE INFORMATION

I do not hold any professional licenses

PROFESSIONAL LICENSE TYPE (MEDICAL, ELECTRICIAN, PLUMBING, COUNSELING, ETC.)

PROFESSIONAL LICENSE NUMBER

PHONE NUMBERS

I do not have or use a phone

PHONE NUMBER	PHONE TYPE (CELL, HOME, WORK, OTHER)	PHONE NUMBER	PHONE TYPE (CELL, HOME, WORK, OTHER)
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PHONE NUMBER	PHONE TYPE (CELL, HOME, WORK, OTHER)	PHONE NUMBER	PHONE TYPE (CELL, HOME, WORK, OTHER)
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ELECTRONIC COMMUNICATION IDENTIFIERS

I do not have electronic identifiers

Any person required to register who has been convicted of an offense against a child MUST register their electronic communication identifiers prior to use.

EMAIL ADDRESS	CHAT/BLOG NAME	PROVIDER
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EMAIL ADDRESS	CHAT/BLOG NAME	PROVIDER
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ADDITIONAL ELECTRONIC COMMUNICATION IDENTIFIER INFORMATION

PLEASE USE AN ELECTRONIC IDENTIFIER ADDENDUM FOR ANY ADDITIONAL ELECTRONIC IDENTIFIER INFORMATION

REGISTRANT ADDRESS INFORMATION
 I have a permanent residence
 I do not have a permanent residence (lack a fixed residence)

<input type="checkbox"/> Previous Home Address <input type="checkbox"/> Current Permanent Address <input type="checkbox"/> Relocation Address <input type="checkbox"/> Other/Secondary Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Homeless/Transient Location	PHYSICAL ADDRESS OR LOCATION(S) YOU HABITUALLY SLEEP, CROSS-STREETS, INTERSECTIONS, DIRECTIONS, ETC.		
	APARTMENT/UNIT NUMBER	CITY	STATE
COUNTY	ZIP CODE	BEGIN DATE AT ADDRESS OR LOCATION	END DATE AT ADDRESS OR LOCATION

REGISTRANT ADDRESS INFORMATION
 I have a permanent residence
 I do not have a permanent residence (lack a fixed residence)

<input type="checkbox"/> Previous Home Address <input type="checkbox"/> Current Permanent Address <input type="checkbox"/> Relocation Address <input type="checkbox"/> Other/Secondary Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Homeless/Transient Location	PHYSICAL ADDRESS OR LOCATION(S) YOU HABITUALLY SLEEP, CROSS-STREETS, INTERSECTIONS, DIRECTIONS, ETC.		
	APARTMENT/UNIT NUMBER	CITY	STATE
COUNTY	ZIP CODE	BEGIN DATE AT ADDRESS OR LOCATION	END DATE AT ADDRESS OR LOCATION

PLEASE USE AN ADDRESS ADDENDUM FOR ANY ADDITIONAL ADDRESSES OR HOMELESS/TRANSIENT INFORMATION

POST-SECONDARY EDUCATION (COLLEGE/TRADE SCHOOL) I am not a student, school employee or school volunteer

<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	BEGIN DATE OF SCHOOL	END DATE OF SCHOOL	
SCHOOL NAME		CAMPUS LOCATION	
SCHOOL ADDRESS	SCHOOL CITY	SCHOOL STATE	SCHOOL ZIP CODE
SCHOOL COUNTY	CONTACT PERSON (IF EMPLOYED BY THE SCHOOL)	CONTACT PHONE NUMBER	

PLEASE USE A POST-SECONDARY EDUCATION ADDENDUM FOR ANY ADDITIONAL POST-SECONDARY EDUCATION INFORMATION

EMPLOYMENT INFORMATION I am currently unemployed

EMPLOYER NAME	CONTACT PERSON	CONTACT PHONE NUMBER	
EMPLOYER ADDRESS	EMPLOYER CITY	EMPLOYER STATE	EMPLOYER ZIP CODE
EMPLOYER COUNTY	OCCUPATION	BEGIN DATE OF EMPLOYMENT	END DATE OF EMPLOYMENT

PLEASE USE AN EMPLOYMENT ADDENDUM FOR ANY ADDITIONAL EMPLOYMENT INFORMATION

DRIVERS LICENSE INFORMATION I do not have a drivers license or identification card

DRIVERS LICENSE OR ID CARD NUMBER	DRIVERS LICENSE OR ID CARD STATE	DRIVERS LICENSE OR ID CARD ISSUE DATE	DRIVERS LICENSE OR ID CARD EXPIRATION DATE
DRIVERS LICENSE OR ID CARD NUMBER	DRIVERS LICENSE OR ID CARD STATE	DRIVERS LICENSE OR ID CARD ISSUE DATE	DRIVERS LICENSE OR ID CARD EXPIRATION DATE

PLEASE USE A VEHICLE ADDENDUM FOR ANY ADDITIONAL DRIVERS LICENSE INFORMATION

VEHICLE INFORMATION				<input type="checkbox"/> I do not own/use a vehicle, trailer or motor home			
LICENSE PLATE NUMBER		LICENSE PLATE STATE		LICENSE PLATE EXPIRATION DATE		LICENSE PLATE TYPE	
VEHICLE VIN NUMBER			VEHICLE YEAR	VEHICLE MAKE		VEHICLE MODEL	
VEHICLE STYLE		VEHICLE COLOR/COLOR SCHEME		REGISTERED OWNER OF VEHICLE			
BEGIN DATE OF VEHICLE		END DATE OF VEHICLE		<input type="checkbox"/> This vehicle is used as a residence <input type="checkbox"/> This vehicle is NOT used as a residence			
LICENSE PLATE NUMBER		LICENSE PLATE STATE		LICENSE PLATE EXPIRATION DATE		LICENSE PLATE TYPE	
VEHICLE VIN NUMBER			VEHICLE YEAR	VEHICLE MAKE		VEHICLE MODEL	
VEHICLE STYLE		VEHICLE COLOR/COLOR SCHEME		REGISTERED OWNER OF VEHICLE			
BEGIN DATE OF VEHICLE		END DATE OF VEHICLE		<input type="checkbox"/> This vehicle is used as a residence <input type="checkbox"/> This vehicle is NOT used as a residence			
PLEASE USE A VEHICLE ADDENDUM FOR ANY ADDITIONAL VEHICLE INFORMATION							
BOAT INFORMATION / COAST GUARD DOCUMENT NUMBER				<input type="checkbox"/> I do not own/use a boat or have Coast Guard document #			
COAST GUARD DOCUMENT NUMBER		BOAT REGISTRATION NUMBER		BOAT REGISTRATION STATE	BOAT EXPIRATION YEAR	BOAT HULL NUMBER	
BOAT YEAR	BOAT MAKE		BOAT TYPE		BOAT COLOR/COLOR SCHEME		BOAT MODEL
HULL MATERIAL		HULL SHAPE	PROPULSION		BOAT LENGTH	HOME PORT	
BOAT NAME		BOAT OWNER			BEGIN DATE OF BOAT		END DATE OF BOAT
EMERGENCY CONTACT/NEXT OF KIN INFORMATION							
EMERGENCY CONTACT/NEXT OF KIN FULL NAME			RELATIONSHIP			PHONE NUMBER	
EMERGENCY CONTACT/NEXT OF KIN ADDRESS			CITY		STATE	ZIP CODE	
EMERGENCY CONTACT/NEXT OF KIN FULL NAME			RELATIONSHIP			PHONE NUMBER	
EMERGENCY CONTACT/NEXT OF KIN ADDRESS			CITY		STATE	ZIP CODE	
EMERGENCY CONTACT/NEXT OF KIN FULL NAME			RELATIONSHIP			PHONE NUMBER	
EMERGENCY CONTACT/NEXT OF KIN ADDRESS			CITY		STATE	ZIP CODE	

REGISTRATION/REPORTING REQUIREMENTS

<input type="checkbox"/> Quarterly Registration <input type="checkbox"/> Annual Registration	NEXT REGISTRATION DATE	REGISTRANTS INITIALS
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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.

Does offender lack a fixed residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Report Monthly <input type="checkbox"/> Report Quarterly	NEXT REPORTING DATE	REGISTRANTS INITIALS
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REGISTRANT SIGNATURE

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. I understand that providing false or incomplete information may constitute a misdemeanor or felony criminal offense.		OFFENDER FINGERPRINT (OPTIONAL)	
SIGNATURE OF REGISTRANT		CURRENT DATE	
SIGNATURE OF PARENT/GUARDIAN	RELATIONSHIP TO OFFENDER	PHONE NUMBER	

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CRIMINAL JUSTICE INFORMATION Please verify all information with a complete criminal history background.

SOR NUMBER	STATE ID (SID) NUMBER	FBI NUMBER/UCN	DEPT OF CORR NUMBER	AGENCY CASE (OCA) NUMBER	SEXUALLY VIOLENT PREDATOR <input type="checkbox"/> Yes <input type="checkbox"/> No
COURT DOCKET NUMBER			DATE OF CONVICTION	DATE OF OFFENSE	SEX OF VICTIM AGE OF VICTIM
RELATIONSHIP TO VICTIM	CONVICTION STATE	STATUTE NUMBER	SEX CONVICTION REQUIRING REGISTRATION		STATUTE CLASS

COURT DOCKET NUMBER			DATE OF CONVICTION	DATE OF OFFENSE	SEX OF VICTIM AGE OF VICTIM
RELATIONSHIP TO VICTIM	CONVICTION STATE	STATUTE NUMBER	SEX CONVICTION REQUIRING REGISTRATION		STATUTE CLASS

COURT DOCKET NUMBER			DATE OF CONVICTION	DATE OF OFFENSE	SEX OF VICTIM AGE OF VICTIM
RELATIONSHIP TO VICTIM	CONVICTION STATE	STATUTE NUMBER	SEX CONVICTION REQUIRING REGISTRATION		STATUTE CLASS

MISCELLANEOUS INFORMATION – NOTES/COMMENTS

REGISTRATION AGENCY INFORMATION

PRINTED NAME – CRIMINAL JUSTICE AGENCY PERSONNEL	CRIMINAL JUSTICE AGENCY NAME EL PASO COUNTY SHERIFF'S OFFICE 27 E. VERMIJO AVENUE, COLORADO SPRINGS, CO 80903	
SIGNATURE – CRIMINAL JUSTICE AGENCY PERSONNEL	CRIMINAL JUSTICE AGENCY PHONE NUMBER 719-520-7333	CURRENT DATE