



SEX OFFENDER REGISTRATION PROGRAM



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|---|--|---|---|---|---|--|--|---|---|--|--|
| INSTITUTION OF HIGHER EDUCATION NOTIFICATION FORM | | REPORTING DATE | | TX SID NO. TX | | LENGTH OF DUTY <input type="radio"/> AT DISCHARGE <input type="radio"/> POST 10 YR <input type="radio"/> LIFETIME <input type="radio"/> 15 YR <input type="radio"/> 25 YR <input type="radio"/> ICC ERD _____ | | | | | |
| NAME (LAST, FIRST, MIDDLE) | | | | DOB | | POB | CTZ | SEX | RAC | ETH | |
| HGT | WGT | EYE | HAI | SKN | SCARS, MARKS, TATTOOS AND OTHER CHARACTERISTICS | | | MISCELLANEOUS NO. (Code - No.) | | | |
| SOCIAL SECURITY NO. | | | | ALIAS NAME(S) | | | | | | | |
| RISK LEVEL <input type="radio"/> C <input type="radio"/> H <input type="radio"/> M <input type="radio"/> L | | RECORD TYPE <input type="radio"/> PUBLIC ADULT/JUVENILE <input type="radio"/> NON - PUBLIC JUVENILE (ATTACH NON - PUBLIC ORDER) | | | BLOOD TYPE | SHOE SIZE/WIDTH | VERIFICATION REQUIREMENT <input type="radio"/> ANNUAL <input type="radio"/> 90 DAY <input type="radio"/> 30 DAY | | | | |
| REGISTRATION TYPE | CATEGORY | STATE/COUNTRY | 8 DIGIT TEXAS OFFENSE CODE | | | <input type="radio"/> ATTEMPT <input type="radio"/> CONSPIRACY <input type="radio"/> SOLICIT <input type="radio"/> CRIMINAL SOLICITATION OF A MINOR | | | | | |
| OFFENSE TITLE AND COMPLETE STATUTORY REFERENCE (ex: Rape 1st Degree Victim Under 11, 130.35(3)) | | | | | | TX TRN | | | | | |
| COURT CAUSE/ CASE NO. | THIS OFFENSE IS <input type="radio"/> NON-PUBLIC (Attach Order) | DATE OF OFFENSE | COUNTY OF OFFENSE | WEAPON | VICTIM: SEX AGE RELATION | | | DISPOSITION DATE | | | |
| <input type="radio"/> TX INCARCERATION <input type="radio"/> TX ADULT PROBATION <input type="radio"/> TX ADULT PAROLE <input type="radio"/> TX JUV INCARCERATION | | <input type="radio"/> TX JUV PROBATION <input type="radio"/> TX JUV PAROLE <input type="radio"/> FEDERAL <input type="radio"/> APPEAL <input type="radio"/> OTHER | | <input type="radio"/> LIFETIME SENTENCE | SENTENCE LENGTH Y M D | | CREDIT TIME <input type="radio"/> SERVED | | | | |
| FINE & COURT COSTS ONLY | DISCHARGE DATE | DISCHARGED <input type="radio"/> YES | <input type="radio"/> ADJUDICATED OF DELINQUENT CONDUCT | <input type="radio"/> UNDER 17 TRIED IN TEXAS COURT AS AN ADULT | <input type="radio"/> UNDER 17 AND CONVICTED AS AN ADULT FOR A SUBSTANTIALLY SIMILAR SEXUALLY VIOLENT OFFENSE | | | | | | |
| PHYSICAL ADDRESS STREET NO. | | STREET NAME | | SUD | SUN | CITY | COUNTY | STATE | ZIP | <input type="radio"/> URBAN <input type="radio"/> RURAL | |
| ADD | VEHICLE LICENSE PLATE NO. | STATE | TYPE | | EXPIRATION YEAR | OWNERSHIP TYPE | | | | | |
| VEHICLE TYPE | MAKE | MODEL | STYLE | YEAR | COLOR | VEHICLE IDENTIFICATION NO. (VIN) | | | | | |
| DRIVER LICENSE NO. | STATE | EXPIRATION DATE | | IDENTIFICATION CARD NO. | | STATE | EXPIRATION DATE | | | | |
| EMAIL ADDRESS | | | EMAIL ADDRESS | | | EMAIL ADDRESS | | | | | |
| TELEPHONE NO. | TYPE | | TELEPHONE NO. | TYPE | | TELEPHONE NO. | TYPE | | | | |
| INTERNET ID: USER NAME/MONIKER | | WEBSITE ADDRESS (URL) | | | INTERNET ID: USER NAME/MONIKER | | WEBSITE ADDRESS (URL) | | | | |
| OCCUPATION TYPE <input type="radio"/> EMPLOYED <input type="radio"/> RETIRED <input type="radio"/> UNEMPLOYED <input type="radio"/> DISABLED <input type="radio"/> UNKNOWN | | OCCUPATION CODE (XX - XXXX) — | | EMPLOYER NAME | | | | TELEPHONE NO. | | | |
| EMPLOYER ADDRESS STREET NO. | | STREET NAME | | CITY | | STATE | ZIP | | | | |
| OCCUPATIONAL LICENSING AUTHORITY | | | | OCCUPATIONAL LICENSE TYPE | | OCCUPATIONAL LICENSE NO. | | | | | |
| INSTITUTION OF HIGHER EDUCATION NAME | | | | | | CAMPUS | CITY | | <input type="radio"/> WORKER <input type="radio"/> STUDENT | | |
| NEAREST RELATIVE NAME (LAST, FIRST) | | | | | | TELEPHONE NO. | | | | | |
| RELATIVE'S ADDRESS STREET NO. | | STREET NAME | | CITY | | STATE/COUNTRY ZIP | | | | | |
| CAUTION / MEDICAL CONDITIONS | | | | | | | | | | | |
| <input type="radio"/> ALCOHOLIC | | <input type="radio"/> DIABETIC | | <input type="radio"/> EXPLOSIVE EXPERTISE | | <input type="radio"/> INTERNATIONAL FLIGHT RISK | | <input type="radio"/> MEDICATION REQUIRED | | | |
| <input type="radio"/> ALLERGIES | | <input type="radio"/> EPILEPSY | | <input type="radio"/> HEART CONDITION | | <input type="radio"/> KNOWN TO ABUSE DRUGS | | <input type="radio"/> SUICIDAL | | | |
| <input type="radio"/> ARMED & DANGEROUS | | <input type="radio"/> ESCAPE RISK | | <input type="radio"/> HEMOPHILIAC | | <input type="radio"/> MARTIAL ARTS EXPERT | | <input type="radio"/> VIOLENT TENDENCIES | | | |
| Review the information provided prior to signing this form. Making a false entry on a governmental record is a crime and could result in criminal charges being filed. By signing this form, I verify the above information is complete and accurate. I have been notified and understand I have a duty to register as a sex offender in Texas. Failure to abide by these requirements could subject me to criminal prosecution, pursuant to Texas Code of Criminal Procedure, Chapter 62. | | | | | | | | | | | |
| Probation / Parole Officer (Please Print) | | | Probation / Parole Telephone No. | | | Registrant's Signature | | | <input type="radio"/> Unable to sign <input type="radio"/> Refused to sign | | |
| Authority for Campus Security Agency ORI TX | | | | Authority for Campus Security Telephone No. | | | Date | | | | |
| Authority for Campus Security Official's Name (Please Print) | | | | | Authority for Campus Security Official's Signature | | | | | | |

Registration Duties

_____ **Registration:** I am required to register with the local law enforcement authority in any municipality (office of the chief of police) where I reside or intend to reside for more than seven days. If my residence is not in a municipality, I must register with the local law enforcement authority of the county (office of the sheriff) where I reside or intend to reside for more than seven days. If my residence is in a county with a centralized registration authority designated by the commissioners court of that county, I must register with the centralized registration authority where I reside or intend to reside for more than seven days. Registration must be completed not later than the 7th day after the date of arrival in the municipality or county. The local law enforcement authority in the municipality or county or the centralized registration authority I reside in will be my primary registration authority. The duration of my duty to register is for the period of time designated by Chapter 62, Texas Code of Criminal Procedure.

_____ **Periodic Verification of Registration:** I must personally appear at the local law enforcement authority designated as my primary registration authority and verify my registration information annually, every 90 days, or every 30 days, as designated by Chapter 62, Texas Code of Criminal Procedure.

_____ **Additional Information as required by the Department:** I am required to report to my local law enforcement authority any additional information required by the Texas Department of Public Safety.

_____ **Change of Address:** Not later than the 7th day before I move to a new residence in this state or another state, I must report in person to the local law enforcement authority designated as my primary registration authority and to any community supervision and corrections department officer, juvenile probation officer, or parole officer supervising me and inform that authority and officer of my intended move. If my new residence is located in this state, not later than the 7th day after changing my address, I must report in person and register with the local law enforcement authority in the municipality or county where my new residence is located. If my new residence is located in another state, not later than the 10th day after the date I arrive in the other state, I must register with the law enforcement agency that is identified by the Texas Department of Public Safety as the agency designated by that state to receive registration information. If I do not move to an intended residence, not later than the 7th day after my anticipated move date, I shall report to the local law enforcement authority designated as my primary registration authority and to any supervising officer supervising me.

_____ **Lack of Address:** If I lack a physical address assigned by a governmental entity, I must provide to the local law enforcement authority a detailed description of the geographical location where I reside or intend to reside for more than 7 days. I must report in person to the local law enforcement authority not less than once in each 30 day period to confirm my location until a physical address can be provided.

_____ **Texas DL/ID Requirement:** Not later than the 30th day after the date I am released/placed on community supervision or juvenile probation, I shall apply for the issuance of, as applicable, an annually renewable Texas driver license or personal identification certificate from a Texas Department of Public Safety, Driver License Office. Failure to apply for an annually renewable driver license or personal identification certificate will result in the automatic revocation of any existing license or certificate issued by the Texas Department of Public Safety. I shall maintain an annually renewable driver license or personal identification certificate for as long as I am required to register.

_____ **Status Changes:** Not later than the 7th day after the date of the change, I shall report to the local law enforcement authority designated as my primary registration authority any change in the following: my name (includes a request for name change and a denial of a request), my physical health (includes hospitalization), job status (includes beginning and leaving employment and changing work locations), and educational status (includes a transfer from one educational facility to another).

_____ **Change in Online Identifiers:** Not later than the 7th day, I shall report any changes to online identifiers or establishment of any new online identifiers not already included on my registration form to my primary registration authority in the manner prescribed by the authority.

_____ **Institutions of Higher Education:** If I intend to be employed, carry on a vocation, or be a student at a public or private institution of higher education in this state, I must notify the authority for campus security for the institution and the local law enforcement authority designated as my primary registration authority of that fact not later than the 7th day after the date I begin to work or attend school at the institution. If I stop working or attending school at an institution of higher education, I must report that fact to the authority for campus security and my primary registration authority not later than the 7th day after the day I stop working or attending school at the institution. If the institution of higher education does not have an authority for campus security, I must provide the required notice to the local law enforcement authority (chief of police or sheriff) of the municipality or county in which the institution is located. If the institution of higher education is located in another state, I must notify any authority for campus security for that institution not later than the 10th day after the date I begin to work or attend school.

_____ **Workers and Students:** If I reside outside of this state and intend to work or attend school in this state, not later than the 7th day after the date I begin to work or attend school, I must register and verify registration with the local law enforcement authority in the municipality or county in which I work or attend school. If I reside in this state and work or attend school in another state, I must register with the law enforcement agency that is identified by the Texas Department of Public Safety as the agency designated by that state to receive registration information not later than the 10th day after the date I begin to work or attend school.

_____ **Visiting Locations:** If on at least 3 occasions during any month I spend more than 48 consecutive hours in a municipality or county other than the municipality or county in which I am registered, I must report that fact to the local law enforcement authority of the municipality or county I am visiting. This notice must be provided before the last day of the month the visits occur.

_____ **Postcard Notification Costs:** If I am assigned a High risk level or am civilly committed as a sexually violent predator, I shall reimburse the Texas Department of Public Safety all costs incurred by the Department in providing postcard notification to my community of residence. This is not applicable to an adjudication of delinquent conduct.

_____ **Local Law Enforcement Authority Policies:** All registrations, verifications, and notifications must be provided in person within the time periods indicated. If I appear within a time period indicated and the local law enforcement authority instructs me that their policy requires me to appear at a later date, I will appear on that later date to register, verify, or to provide a notification, as applicable.

_____ **DNA Specimen:** A person required to register shall comply with a request for a DNA specimen made by a law enforcement agency under Section 411.1473, Government Code.

Occupational Restrictions

Answer 'Yes' or 'No' to the following questions to determine if occupational restrictions apply.

- 1) Was I convicted, adjudicated or did I receive a deferred adjudication on or after 9/1/2013 for the offense requiring registration? YES NO
- 2) Was I 17 years of age or older at the time of offense? YES NO
- 3) Am I subject to registration under Chapter 62, Texas Code of Criminal Procedure, because of a reportable conviction or adjudication for a sexually violent offense? YES NO
- 4) Was an affirmative finding made that the victim or intended victim was 13 years of age or younger at the time of offense? YES NO
- 5) Was this offense tried in a Texas court of law? YES NO

If the answers to all five of the preceding questions are 'YES' then the Prohibited Employment statement applies and complete a CR-32 Prohibited Employment Notification.

_____ **Prohibited Employment: (Conditional)** I understand that if convicted or adjudicated on or after 9/1/2013 for a sexually violent offense committed when I was 17 years of age or older and an affirmative finding was made that the victim was 13 years of age or younger, I am prohibited from certain types of employment: I may not for compensation operate or offer to operate a bus; provide or offer to provide a passenger taxicab or limousine transportation service; operate or offer to operate any amusement ride; or provide or offer to provide any type of service in the residence of another person unless the provision of service in the residence will be supervised.

_____ **Criminal Penalties:** My failure to comply with any requirement imposed upon me by Chapter 62, Texas Code of Criminal Procedure, is a felony offense. Further, if I am on parole, community supervision, or juvenile probation, my failure to comply with any requirement imposed upon me by Chapter 62, Texas Code of Criminal Procedure, may result in the revocation of my parole, community supervision, or juvenile probation.

PRINTED NAME OF REGISTRANT

SID NO. OF REGISTRANT

SIGNATURE OF REGISTRANT

DATE

REGISTRANT REFUSED TO SIGN REGISTRANT UNABLE TO SIGN