

State of Nevada Juvenile Sex Offender Registration Form

<input type="checkbox"/> Initial Registration	<input type="checkbox"/> Student Registration	<input type="checkbox"/> Employment Registration	<input type="checkbox"/> Visitor Registration
Photocopies:	<input type="checkbox"/> Driver's License	<input type="checkbox"/> ID Card	<input type="checkbox"/> Passport
	<input type="checkbox"/> Finger prints	<input type="checkbox"/> Palm Prints	<input type="checkbox"/> Photo
REGISTERING AGENCY INFORMATION FOR OFFICIAL USE ONLY			
Agency Name:			
Agency Address:			
Agency Phone:			
Responsible Agency:			

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 #:				Fingerprint PCN #	

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"/> Home <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:
	State:	Zip Code:	Phone#:
Occupation:			Start Date:
Length of time at the above employment:		Days:	Months: Years:
Business Name:			
Employment Address:	Street Address:		City:
	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							
Adjudication Offense:						Age at Time of Offense:	
Location of offense:	City:	State:	Date Offense Committed:				
Name Adjudicated Under:				Date Adjudicated:			
Court of Adjudication:				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							
Adjudication Offense:						Age at Time of Offense:	
Location of Offense:	City:	State:	Date Offense Committed:				
Name Adjudicated Under:				Date Adjudicated:			
Court of Adjudication:				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		
<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 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 I may be arrested and charged with a category D felony, a second violation within 7 years I may be charged with a category C felony pursuant to NRS 179D.550, 62F.300, 179D.441, 179D.445, 179D.450, and 179D.460.

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 #:	State Initial Reg. Date:	Tier Level:
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, Metropolitan Police Department, or City Police Department in whose jurisdiction I reside, for ALL Adjudications defined in NRS 62F. Failure to comply with these provisions can result in my being arrested and charged with a category D felony. (NRS 179D.550, 62F.300, 179D.460)
- Initial _____ If I am a nonresident of Nevada and working or attending school in Nevada I must register with the appropriate sheriff's office, metropolitan police department, or city police department in whose jurisdiction I am a student or worker not later than 48 hours after becoming a student or worker. If I am a student of an institution of higher education (post secondary school) in Nevada I must also register with the campus police. (NRS 62F.300, 179D.445, 179D.460)
- Initial _____ I understand that if I am a resident of Nevada, and I am a student, 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 a student, employed, or carrying on a vocation. (NRS 62F.300, 179D.460,)
- 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 not later than 48 hours after the change. If I move to another jurisdiction outside this state, 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 62F.300, 179D.447, 179D.450, 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). (NRS 179D.450, 179D.460)
- 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 63F.300, 179D.470)
- Initial _____ If I am traveling outside of the United States I am required to notify the local law enforcement agency in my residence jurisdiction of the intended travel at least 21 days in advance. Reporting travel does not authorize entry into your destination country; contact the local embassy or consulate of your destination country prior to your departure to determine whether entry will be authorized upon your arrival. (NRS 62F.300, 179D.460, 179D.470, 34 U.S.C. 20930, 34 U.S.C. 20923(b), 73 FR at 38066-67, 34 U.S.C. 20914(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 62F.300, 179D.460, 179D.470, 73 FR at 38056, 38066, 76 FED.REG.page 1637 (Jan.11, 2011))
- Initial _____ On the anniversary date of establishing a record of registration, I must appear in person at the local law enforcement agency where I reside to complete and sign a verification of registration form. I must allow the law enforcement agency to collect a current set of fingerprints, palm prints and a photo. If I am designated a Tier 1, I must appear not less frequently than annually, if I am designated a Tier 2, I must appear not less frequently than every 180, if I am designated a Tier 3, I must appear not less frequently than every 90 days. (NRS 179D.480)

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, a second violation within 7 years I may be charged with a category C felony pursuant to NRS 179D.550, 62F.300, 179D.441, 179D.445, 179D.450, and 179D.460.**

Registrant's Signature

Date

Agency Representative Signature

Date

Agency representatives' signature is required.