



HENDERSON POLICE DEPARTMENT

SCOPE ID #:

CONVICTED PERSON QUESTIONNAIRE

HPD 0069

PAGE 1 OF 2

Date		FBI#				Alien Reg #			
Last Name		First Name				Middle Name			
Aliases/Nicknames and/or Maiden Name									
SSN	Sex	Race	Height	Weight	Eyes	Hair	DOB	Place of Birth (City, State, Country)	
Current Primary Henderson Address (Including City, State and Zip Code)								Phone number (Incl. area code)	
Date arrived in Henderson		Is this address a <input type="checkbox"/> Permanent Address <input type="checkbox"/> Temporary Address (If yes, departure date: _____)						Additional DOB's and/or Social Security Numbers	
Current Employer and Address								Job Title	
Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Style	License Plate #	State	Reg. Exp. Date	VIN	Color	
<input type="checkbox"/> Parole <input type="checkbox"/> Probation		Length of Time		Release Date			P&P Officer (if assigned)		
CONVICTIONS									
Federal <input type="checkbox"/> Yes <input type="checkbox"/> No		Conviction Date		Offense 1					
City and State		Sentence					Institution		Year Released
CONVICTIONS									
Federal <input type="checkbox"/> Yes <input type="checkbox"/> No		Conviction Date		Offense 2					
City and State		Sentence					Institution		Year Released
CONVICTIONS									
Federal <input type="checkbox"/> Yes <input type="checkbox"/> No		Conviction Date		Offense 3					
City and State		Sentence					Institution		Year Released
CONVICTIONS									
Federal <input type="checkbox"/> Yes <input type="checkbox"/> No		Conviction Date		Offense 4					
City and State		Sentence					Institution		Year Released

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 my local law enforcement agency in the jurisdiction in which I reside, for ALL convictions defined in N.R.S. 179C. Any person violating the provisions of 179C may be guilty of a misdemeanor.

I understand that it is my responsibility to update my local law enforcement agency if I have any changes pertaining to my registration or to re-register any additional felony convictions I receive.

I verify the information on this form is true and accurate.

Registrant's Signature Date

Employee's Signature/P# Date

HPD 0069

City of Henderson, NV

Information collected per NRS 179A.075.

HPD OFFICIAL USE ONLY

<input type="checkbox"/> III	_____
<input type="checkbox"/> PER SUBJECT	_____
<input type="checkbox"/> OTHER	_____
<input type="checkbox"/> NVHP#	_____
<input type="checkbox"/> C#	_____
<input type="checkbox"/> FINGERPRINTED	<input type="checkbox"/> PHOTO TAKEN
<input type="checkbox"/> ALSO REGISTER UNDER N.R.S. 179D	

Revised: 05/18/2022

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PAGE 2 OF 2

SCARS, MARKS, AND TATTOOS				
SCARS <input type="checkbox"/>	MARKS <input type="checkbox"/>	TATTOOS <input type="checkbox"/>	LOCATION	DESCRIPTION
SCARS <input type="checkbox"/>	MARKS <input type="checkbox"/>	TATTOOS <input type="checkbox"/>	LOCATION	DESCRIPTION
SCARS <input type="checkbox"/>	MARKS <input type="checkbox"/>	TATTOOS <input type="checkbox"/>	LOCATION	DESCRIPTION
SCARS <input type="checkbox"/>	MARKS <input type="checkbox"/>	TATTOOS <input type="checkbox"/>	LOCATION	DESCRIPTION
SCARS <input type="checkbox"/>	MARKS <input type="checkbox"/>	TATTOOS <input type="checkbox"/>	LOCATION	DESCRIPTION
SCARS <input type="checkbox"/>	MARKS <input type="checkbox"/>	TATTOOS <input type="checkbox"/>	LOCATION	DESCRIPTION
SCARS <input type="checkbox"/>	MARKS <input type="checkbox"/>	TATTOOS <input type="checkbox"/>	LOCATION	DESCRIPTION
SCARS <input type="checkbox"/>	MARKS <input type="checkbox"/>	TATTOOS <input type="checkbox"/>	LOCATION	DESCRIPTION

ADDITIONAL CONVICTIONS			
Federal <input type="checkbox"/> Yes <input type="checkbox"/> No	Conviction Date	Offense 5	
City and State	Sentence	Institution	Year Released
Federal <input type="checkbox"/> Yes <input type="checkbox"/> No	Conviction Date	Offense 6	
City and State	Sentence	Institution	Year Released
Federal <input type="checkbox"/> Yes <input type="checkbox"/> No	Conviction Date	Offense 7	
City and State	Sentence	Institution	Year Released
Federal <input type="checkbox"/> Yes <input type="checkbox"/> No	Conviction Date	Offense 8	
City and State	Sentence	Institution	Year Released
Federal <input type="checkbox"/> Yes <input type="checkbox"/> No	Conviction Date	Offense 9	
City and State	Sentence	Institution	Year Released
Federal <input type="checkbox"/> Yes <input type="checkbox"/> No	Conviction Date	Offense 10	
City and State	Sentence	Institution	Year Released