


SEX OFFENDER/CHILD KIDNAPPER REGISTRATION FORM

	STATE OF ALASKA Department of Public Safety Division of Statewide Services 5700 East Tudor Road Anchorage, AK 99507 Phone (907) 269-0396 Toll Free 1-800-658-8892	REASON FOR REGISTRATION	
	<input type="checkbox"/> Initial Registration in Alaska <input type="checkbox"/> Being Released from Jail <input type="checkbox"/> Returning to Alaska	<input type="checkbox"/> Annual Verification <input type="checkbox"/> Quarterly Verification	TRACKING NUMBER: (Registering Agency Only): _____

Fill this form out completely. Failure to do so may result in delay of processing or rejection of registration. If you need more space, provide complete answers on a separate sheet of paper and attach to this form.

PERSONAL INFORMATION	FIRST NAME		MIDDLE NAME(S)			LAST NAME		SUFFIX
	DATE OF BIRTH	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER		STATE	ALIEN REGISTRATION NUMBER	
	HEIGHT ____ FT ____ IN	WEIGHT ____ LBS	HAIR COLOR	EYE COLOR	SEX	RACE	COUNTRY OF CITIZENSHIP	
	PASSPORT NUMBER AND COUNTRY OF ISSUE			PROFESSIONAL LICENSE TYPES AND NUMBERS (If applicable)				
	HAVE YOU USED ANY OTHER NAMES?				<input type="checkbox"/> YES (specify below)		<input type="checkbox"/> NO	
	List all other names and aliases used.							
	DO YOU HAVE ANY SCARS, MARKS, or TATTOOS?				<input type="checkbox"/> YES (specify below)		<input type="checkbox"/> NO	
	Specify if scar, mark, or tattoo and the location of each.							
	HAVE YOU HAD TREATMENT FOR A MENTAL ABNORMALITY OR PERSONALITY DISORDER SINCE THE DATE OF CONVICTION FOR AN OFFENSE REQUIRING REGISTRATION?							
					<input type="checkbox"/> YES		<input type="checkbox"/> NO	

PHONES AND ADDRESSES	HOME PHONE ()		CELL PHONE ()			MESSAGE PHONE ()			
	CURRENT RESIDENCE ADDRESS – The physical location of your home or other place where you currently live, habitually sleep, or reside. Note: If you do NOT have a fixed street address, describe where you are living (tent, vehicle, RV, park bench, etc.) and include the location, city or village, and zip code (cross-streets, intersection, directions, etc. OR name and address of shelter IF you are living inside the shelter).								
	STREET ADDRESS			APT/SPACE #	CITY		STATE	ZIP CODE	
							AK		
	If you do not have a fixed street address, you must provide a description of your location below:								
	MAILING ADDRESS – IS YOUR MAILING ADDRESS THE SAME AS YOUR CURRENT RESIDENCE ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (specify below)								
	PO BOX, RR/HC ADDRESS, OR STREET ADDRESS			APT/SPACE #	CITY		STATE	ZIP CODE	
	TEMPORARY LODGING ADDRESS - If you are away from your physical address provided above for a period of seven or more consecutive days, you are required to notify the department in writing of the address being used while away (from the physical address). Day(s) of stay are required.								
	ARE YOU SUBMITTING A TEMPORARY LODGING ADDRESS <input type="checkbox"/> YES (specify below) START DATE _____ END DATE: _____ <input type="checkbox"/> NO <u>Any temporary lodging location over 29 consecutive days requires completion of the Sex Offender/Child Kidnapper Report of Change form.</u>								
STREET ADDRESS			APT/SPACE #	CITY		STATE	ZIP CODE		
If you do not have a fixed street address, you must provide a description of your location below:									

MUST COMPLETE ALL PAGES

SEX OFFENDER/CHILD KIDNAPPER REGISTRATION FORM

EMPLOYMENT	Employment means any type of work (whether paid or unpaid), including self-employment and volunteer work.			
	ARE YOU EMPLOYED? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO		DO YOU WORK AT OR FOR A SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	CURRENT EMPLOYER (NAME OF COMPANY)		OCCUPATION/JOB TITLE	PHONE NUMBER
	STREET ADDRESS OR DESCRIPTION OF WORK LOCATION		CITY	STATE

SCHOOL	School means an educational institution (whether public or private), a secondary school, trade or professional school, or institution of higher learning, if attending in person.			
	ARE YOU A STUDENT? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO			
	NAME OF SCHOOL			
	STREET ADDRESS		CITY	STATE

ELECTRONIC IDENTIFIERS	Electronic identifiers include all email addresses and usernames used for social networking, instant messaging, chat rooms, or other similar electronic communications.			
	DO YOU USE EMAIL, SOCIAL NETWORKING, INSTANT MESSAGING, CHAT ROOMS OR OTHER INTERNET/ ONLINE IDENTIFIERS? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO			
	EMAIL ADDRESSES			
	OTHER INTERNET/ ONLINE IDENTIFIERS			
	USERNAME / ID		APPLICATION NAME/WEBSITE ADDRESS	

VEHICLES	DO YOU OWN OR HAVE ACCESS TO ANY VEHICLES? <input type="checkbox"/> YES (specify below) <input type="checkbox"/> NO (Motor vehicles, including watercraft, aircraft, motorcycles, and recreational vehicles)							
	MAKE	MODEL	YEAR	COLOR	VEHICLE ID OR SERIAL NUMBER (VIN, HIN, TAIL NUMBER, ETC.)	LICENSE PLATE	STATE	REGISTERED TO YOU?
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO
								<input type="checkbox"/> YES <input type="checkbox"/> NO

CONVICTIONS	Complete the following information for each conviction for a sex offense or child kidnapping for which you are required to register.				
	OFFENSE	OFFENSE DATE	CONVICTION DATE	CONVICING COURT AND LOCATION	CASE NUMBER
	HAVE YOU BEEN UNCONDITIONALLY DISCHARGED FROM THIS CONVICTION? <input type="checkbox"/> YES (DATE _____) <input type="checkbox"/> NO				
	OFFENSE	OFFENSE DATE	CONVICTION DATE	CONVICING COURT AND LOCATION	CASE NUMBER
	HAVE YOU BEEN UNCONDITIONALLY DISCHARGED FROM THIS CONVICTION? <input type="checkbox"/> YES (DATE _____) <input type="checkbox"/> NO				

READ CAREFULLY BEFORE SIGNING

- | | |
|---------|--|
| Initial | 1. I must provide written notice of a change in name or residence to the Alaska State Trooper post or municipal police department located nearest to my new residence, or to the Alaska Sex Offender/Child Kidnapper Central Registry Office if I reside within the Municipality of Anchorage, by the next working day following the change. |
| Initial | 2. I must provide written notice of establishment of or change to an email address, social networking, instant messaging, chat rooms, or other similar electronic communications to the department by the next working day following the change. |
| Initial | 3. I understand if I am away from the physical address reported for a period of seven consecutive days or more, I am required to notify the department in writing of the temporary address being used while away. |
| Initial | 4. Changes that occur during the registration period, other than those mentioned above, must be reported no later than my next registration verification. |

SEX OFFENDER/CHILD KIDNAPPER REGISTRATION FORM

5. If I move out of Alaska, I must comply with the registration requirements of the jurisdiction I am moving to, and I must provide proof that I am not physically present in Alaska before my information will be removed from the Alaska Sex Offender/Child Kidnapper Central Registry.
6. I understand that pursuant to the Adam Walsh Child and Protection Safety Act of 2006, I must register in each state where I live, work, and go to school. Per 18 U.S.C. Section 2250(a), as a sex offender convicted under (1) federal law or (2) state law who travels to or from another state, if I fail to register and/or update my registration as required, I am subject to federal prosecution punishable up to 10 years of imprisonment.
7. I understand that pursuant to International Megan's Law and AS 12.63, I must report to the registering authority as defined above, any intended travel outside of the United States at least 21 days in advance of the intended international travel. I understand that per 18 U.S.C. Section 2250(b), failure to comply is a federal felony, punishable up to 10 years of imprisonment.
8. I understand that payment of my Alaska Permanent Fund Dividend (PFD) may be delayed or denied if I fail to comply with the sex offender and child kidnapper registration requirements under AS 12.63.
9. I understand that if I fail to comply with the sex offender and child kidnapper registration requirements under AS 12.63, I shall be subject to state prosecution under AS 11.56.835 or AS 11.56.840 and/or federal prosecution under 18 U.S.C. Section 2250(a) for Failure to Register as a Sex Offender.
10. In accordance with Alaska Statute 12.63.010(e), I swear under penalty of perjury that the information provided on this form and any attachment is true, correct, and complete. I understand that if I provide a false statement on this form, I shall be subject to prosecution for perjury, which is a class B felony under Alaska Statute 11.56.200.
11. I understand that if I fail to comply with the sex offender and child kidnapper registration requirements under AS 12.63, including timely and complete submission of registration verification information, I will be placed in noncompliant status and shall be subject to prosecution under AS 11.56.835 or AS 11.56.840 or 18 U.S.C. 2250.
12. I understand that following periods of incarceration, I must complete a full Sex Offender/Child Kidnapper Registration form, or I will be placed in non-compliant status on the registry. A registration completed upon release from incarceration does not fulfill my annual or quarterly registration requirements.

Duties Specific to 15-Year Registrants

13. I understand that if I have been convicted of a single sex offense committed **before January 1, 1999**, my duty to register ends 15 years following my unconditional discharge for the sex offense or child kidnapping requiring registration only if I have provided proof acceptable to the department of the unconditional discharge. I am required to register until I receive notice from the SOR office that I have completed my registration requirement.
14. I understand that if I have been convicted of a single non-aggravated sex offense committed **after January 1, 1999**, I must provide proof acceptable to the department of the unconditional discharge and tolling will be applied for periods of non-compliance or incarceration as required by AS 12.63.
15. I understand that I must verify my registration information annually during the calendar month determined by the Alaska Sex Offender/Child Kidnapper Central Registry. (Registrations received prior to the start of my registration month do not fulfill my registration requirement.)

Duties Specific to Lifetime Registrants

16. I understand that if I have been convicted of two or more sex offenses committed before January 1, 1999, I must verify my registration information on an annual basis as long as I live, work, or attend school in Alaska.
17. I understand that if I have been convicted of an aggravated sex offense committed after January 1, 1999, two or more sex offenses, two or more child kidnappings, or one sex offense and one child kidnapping, I must verify my registration information on a quarterly basis as long as I live, work or attend school in Alaska.
18. I understand that I must verify registration information during each quarterly month as determined by the Alaska Sex Offender/Child Kidnapper Central Registry as long as I live, work or attend school in Alaska. (Registrations received prior to the start of my registration month do not fulfill my registration requirement.)

Certification

I have read or had read to me the statements above and I understand what is required of me as a sex offender or child kidnapper while I am residing in the State of Alaska, including penalties for failing to comply with the registration requirements.

Signature of Registrant _____ Date _____

AGENCY USE ONLY

ACCEPTING AGENCY		ACCEPTED DATE	DATE SENT TO SOR
PRINTED NAME OF REPRESENTATIVE		SIGNATURE OF REPRESENTATIVE	
REQUIRED (for initial registration)			
<input type="checkbox"/> FINGERPRINTS	<input type="checkbox"/> PALM PRINTS	<input type="checkbox"/> PHOTO	<input type="checkbox"/> COPY OF GOV ID
		<input type="checkbox"/> COPY OF PASSPORT	<input type="checkbox"/> DNA VERIFICATION

SOR USE ONLY

APSPIN ENTRY DATE		NOT PROCESSED DATE AND COMMENTS		PRE-PROCESS CODE	RELEASE DATE
POST PROCESS CODE	INITIALS			INSTITUTION	