



The County of
BOONE, ARKANSAS
 SHERIFF'S OFFICE
 Roy Martin
 Boone County Sheriff

SEX OFFENDER REGISTRATION FORM
YOU MUST COMPLETE THE FRONT AND BACK OF THIS FORM

REGISTRATION INFORMATION	REASON FOR TODAY'S VISIT (CHECK ONE) <input type="checkbox"/> INITIAL REGISTRATION <input type="checkbox"/> RE-REGISTER <input type="checkbox"/> UPDATE REQUIRED INFORMATION <input type="checkbox"/> OTHER _____														
	REGISTRATION INTERVAL REQUIREMENTS (CHECK ONE) <input type="checkbox"/> EVERY 30 DAYS (HOMELESS) <input type="checkbox"/> EVERY 90 DAYS <input type="checkbox"/> EVERY 180 DAYS								ASSESSED LEVEL		TODAY'S DATE		REGISTRATION DUE DATE		
OFFENDER PERSONAL DEMOGRAPHICS	LIST THE LAST AGENCY YOU REGISTERED WITH				EVER REGISTERED IN ANOTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO				LIST ANY OTHER STATES YOU HAVE BEEN REQUIRED TO REGISTER						
	OFFENDER FULL NAME LAST, FIRST, MIDDLE						PRIMARY PHONE #		SECONDARY PHONE #		MESSAGE / OTHER PHONE #				
	DATE OF BIRTH		HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	GENDER	RACE	PLACE OF BIRTH		SOCIAL SECURITY NUMBER				
	SCARS, MARKS, TATOOS (DESCRIBE)						SCARS, MARKS, TATOOS (DESCRIBE)								
	SCARS, MARKS, TATOOS (DESCRIBE)						SCARS, MARKS, TATOOS (DESCRIBE)								
	DRIVERS LICENSE / ID NUMBER		STATE	DL / ID EXP DATE	PASSPORT #		ALIEN REGISTRATION #		COUNTRY OF ORIGIN		ARE YOU A US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO				
ADDRESS INFORMATION	CURRENT PHYSICAL ADDRESS (PRIMARY) STREET ADDRESS, CITY, STATE, ZIP (NO P.O. BOXES)						CURRENT PRIMARY MAILING ADDRESS (PO BOX / STREET ADDRESS, CITY STATE, ZIP)								
	SECONDARY ADDRESS STREET ADDRESS, CITY, STATE, ZIP (NO P.O. BOXES)						SECONDARY MAILING ADDRESS (PO BOX / STREET ADDRESS, CITY STATE, ZIP)								
	IF MOVING, WHAT IS THE NEW PHYSICAL ADDRESS STREET ADDRESS, CITY, STATE, ZIP (NO P.O. BOXES)						NEW MAILING ADDRESS (PO BOX / STREET ADDRESS, CITY STATE, ZIP)								
	HOMELESS / TRANSIENT <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HOMELESS, DESCRIBE EXACT LOCATION YOU STAY (BE SPECIFIC AS THIS LOCATION MUST BE PHYSICALLY INSPECTED AND VERIFIED)												
LIST ALL PERSONS WHO RESIDE WITH YOU	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOW <input type="checkbox"/> DIVORCED						EMERGENCY CONTACT NAME			EMERGENCY CONTACT #					
	SPOUSE / ROMANTIC PARTNER FULL NAME			AGE	FULL NAME		AGE	RELATIONSHIP		FULL NAME		AGE	RELATIONSHIP		
	FULL NAME		AGE	RELATIONSHIP	FULL NAME		AGE	RELATIONSHIP		FULL NAME		AGE	RELATIONSHIP		
OFFENDER OPERATED VEHICLES (LIST ALL YOU HAVE ACCESS TO)	VEHICLE INFO			YEAR, MAKE / MODEL / COLOR			LICENSE # / STATE			REGISTERED OWNER (IF NOT OFFENDER)			DISTINGUISHING MARKS		
	VEHICLE YEAR			YEAR, MAKE / MODEL / COLOR			LICENSE # / STATE			REGISTERED OWNER (IF NOT OFFENDER)			DISTINGUISHING MARKS		
	VEHICLE YEAR			YEAR, MAKE / MODEL / COLOR			LICENSE # / STATE			REGISTERED OWNER (IF NOT OFFENDER)			DISTINGUISHING MARKS		
	VEHICLE YEAR			YEAR, MAKE / MODEL / COLOR			LICENSE # / STATE			REGISTERED OWNER (IF NOT OFFENDER)			DISTINGUISHING MARKS		
	AIRCRAFT REGISTRATION # / STATE			REG YEAR		LICENSE TYPE		MAKE / MODEL		YEAR	COLOR		MANUFACTURER		STYLE
LAW ENFORCEMENT & MENTAL HEALTH	ARE YOU ON PROBATION OR PAROLE <input type="checkbox"/> YES <input type="checkbox"/> NO			IF SO, WHO IS YOUR OFFICER					OFFICER PHONE NUMBER			HOW OFTEN ARE YOU IN CONTACT W/ OFFICER			
	LIST ALL LAW ENFORCEMENT CONTACT SINCE LAST UPDATE. BE SPECIFIC, INCLUDE LE AGENCY, NATURE OF CONTACT, LOCATION, DATES, CHARGES, ETC. (EVEN IF YOU WERE NOT ARRESTED)														
	HAVE YOU EVER BEEN DIAGNOSED WITH ANY MENTAL ILLNESS / PSYCHIATRIC DISORDERS? <input type="checkbox"/> YES <input type="checkbox"/> NO			ARE YOU CURRENTLY UNDER THE CARE OF A PSYCHIATRIC DOCTOR OR COUNSELOR <input type="checkbox"/> YES <input type="checkbox"/> NO			PLEASE LIST ALL PSYCHIATRIC DIAGNOSES								
						DOCTOR OR COUNSELOR NAME			FACILITY NAME			PHONE NUMBER			
ATTENTION OFFENDERS	ATTENTION ALL OFFENDERS THIS FORM IS DESIGNED TO ACQUIRE THE MOST UP TO DATE & ACCURATE INFORMATION AS REQUIRED BY STATE & FEDERAL LAW. UNLESS THIS IS AN UNSCHEDULED UPDATE, THIS FORM MUST BE FILLED OUT COMPLETELY EACH TIME YOU UPDATE YOUR REGISTRATION. EVERY BOX MUST BE FILLED IN TO CONSTITUTE THE COMPLETION OF THE FORM OR IT WILL BE REJECTED & YOU WILL NOT BE PERMITTED TO COMPLETE THE REGISTRATION PROCESS. IF THIS IS ONLY AN UNSCHEDULED UPDATE VISIT, CHECK THE BOX & FILL IN ONLY THE APPROPRIATE SPACES. (WRITE 'N/A' IF THE BOX DOES NOT APPLY TO YOU). PLEASE NOTE THAT IT IS YOUR RESPONSIBILITY TO PROVIDE THE BCSO AND/OR ANY CONCERNED LAW ENFORCEMENT AGENCY WITH ACCURATE, TRUE, AND FULL INFORMATION AND ANY ATTEMPT TO PROVIDE FALSE INFORMATION, OMIT INFORMATION, OR OTHERWISE DECEIVE THIS PROCESS MAY RESULT IN THE ARREST, DETENTION, & PROSECUTION OF THE OFFENDER. (ADDITIONAL SPACE ON BACK OF PAGE IF NEEDED)														



BOONE COUNTY SHERIFF'S OFFICE

SEX OFFENDER REGISTRATION FORM (CONTINUED)

EMPLOYMENT HISTORY INFORMATION	EMPLOYMENT STATUS (CHECK ALL THAT APPLY) <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> DISABLED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> OTHER _____						
	PRIMARY EMPLOYER NAME	POSITION / TITLE	WORK TIMES	DAYS OFF	WORK DAYS	DATES EMPLOYED HERE	EMPLOYER PHONE
	EMPLOYER COMPLETE ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				SUPERVISOR NAME		SUPERVISOR TITLE / DEPARTMENT
	SECONDARY EMPLOYER NAME	POSITION / TITLE	WORK TIMES	DAYS OFF	WORK DAYS	DATES EMPLOYED HERE	EMPLOYER PHONE
	EMPLOYER COMPLETE ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				SUPERVISOR NAME		SUPERVISOR TITLE / DEPARTMENT
	PREVIOUS EMPLOYER NAME	POSITION / TITLE	DATES EMPLOYED HERE		REASON FOR LEAVING		EMPLOYER PHONE
	PREVIOUS EMPLOYER ADDRESS (STREET ADDRESS, CITY, STATE, ZIP)				SUPERVISOR NAME		SUPERVISOR TITLE / DEPARTMENT
	DOES EMPLOYER REQUIRE TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS EMPLOYER(S) AWARE OF REQUIREMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF TRAVEL IS REQUIRED, WHERE & HOW OFTEN		
	LIST ALL INTERNET & SOCIAL MEDIA	TYPE OF ACCOUNT #1	EMAIL OR USER ID	SCREEN NAME	TYPE OF ACCOUNT #4	EMAIL OR USER ID	SCREEN NAME
		TYPE OF ACCOUNT #2	EMAIL OR USER ID	SCREEN NAME	TYPE OF ACCOUNT #5	EMAIL OR USER ID	SCREEN NAME
TYPE OF ACCOUNT #3		EMAIL OR USER ID	SCREEN NAME	TYPE OF ACCOUNT #6	EMAIL OR USER ID	SCREEN NAME	
HIGHER LEARNING CENTERS	ARE YOU A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		STATUS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> OTHER _____				
	NAME OF INSTITUTION		ADDRESS OF INSTITUTION		DEPARTMENT / COURSE OF STUDY		HOURS PER WEEK
	COUNSELOR / SUPERVISOR NAME		STUDENT, EMPLOYEE, VOLUNTEER, OR OTHER (DESCRIBE)			IF STUDENT, WHEN WILL YOU GRADUATE	
HOBBIES, INTERESTS AND CIVIC GROUPS	PLEASE LIST ALL HOBBIES THAT INTERESTS YOU						
	LIST ALL CIVIC GROUPS AND/OR ORGANIZATIONS YOU PARTICIPATE IN (CLUBS, MEMBERSHIPS, RELIGIONS, ETC.)						
ADDITIONAL INFORMATION AND COMMENTS	ADDITIONAL COMMENTS (USE THIS IN THE EVENT MORE SPACE WAS NEEDED FROM ANY OF THE PREVIOUS FIELDS)						

PLEASE PROVIDE ANY OTHER UPDATED INFORMATION IN SPACE ABOVE (USE THIS SPACE WHEN MORE SPACE WAS NEEDED FROM PREVIOUS BOXES).

SIGNATURE OF OFFENDER

RECEIVING BCSO OFFICER / CLERK