

COLORADO SEX OFFENDER REGISTRATION FORM

REASON FOR REGISTRATION

☐ Initial Registration ☐ Scheduled Re-Registration ☐ Information Update ☐ Cancel Registration

SEX OFFENDER INFORMATION

REGISTRANT LAST NAME	FIRST NAME	MIDDLE NAME
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DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RACE	ETHNICITY
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HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	PLACE OF BIRTH	TRIBAL IDENTIFICATION NUMBER
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ALIAS NAMES/MONIKERS

SCARS, MARKS, TATTOOS AND/OR OTHER DISTINGUISHING CHARACTERISTICS

SUPERVISION STATUS

☐ I am not on probation or parole

<input type="checkbox"/> Probation <input type="checkbox"/> Parole	OFFICER NAME	OFFICER PHONE NUMBER
<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County		

INTERNATIONAL TRAVEL INFORMATION

☐ I do not have a passport or citizenship outside of the U.S.

PASSPORT NUMBER	PASSPORT ISSUING COUNTRY	PASSPORT ISSUE DATE	PASSPORT EXPIRATION DATE
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ALIEN REGISTRATION NUMBER	CITIZENSHIP (OUTSIDE OF THE UNITED STATES)
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PROFESSIONAL LICENSE INFORMATION

☐ I do not hold any professional licenses

PROFESSIONAL LICENSE TYPE (MEDICAL, ELECTRICIAN, PLUMBING, COUNSELING, ETC.)	PROFESSIONAL LICENSE NUMBER
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PHONE NUMBERS

☐ I do not have or use a phone

PHONE NUMBER	PHONE TYPE (CELL, HOME, WORK, OTHER)	PHONE NUMBER	PHONE TYPE (CELL, HOME, WORK, OTHER)
PHONE NUMBER	PHONE TYPE (CELL, HOME, WORK, OTHER)	PHONE NUMBER	PHONE TYPE (CELL, HOME, WORK, OTHER)

ELECTRONIC COMMUNICATION IDENTIFIERS

☐ I do not have electronic identifiers

Any person required to register who has been convicted of an offense against a child MUST register their electronic communication identifiers prior to use.

EMAIL ADDRESS	CHAT/BLOG NAME	PROVIDER
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EMAIL ADDRESS	CHAT/BLOG NAME	PROVIDER
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ADDITIONAL ELECTRONIC COMMUNICATION IDENTIFIER INFORMATION

PLEASE USE AN ELECTRONIC IDENTIFIER ADDENDUM FOR ANY ADDITIONAL ELECTRONIC IDENTIFIER INFORMATION

REGISTRANT ADDRESS INFORMATION				
<input type="checkbox"/> I have a permanent residence <input type="checkbox"/> I do not have a permanent residence (lack a fixed residence)				
<input type="checkbox"/> Previous Home Address <input type="checkbox"/> Current Permanent Address <input type="checkbox"/> Relocation Address <input type="checkbox"/> Other/Secondary Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Homeless/Transient Location	PHYSICAL ADDRESS OR LOCATION(S) YOU HABITUALLY SLEEP, CROSS-STREETS, INTERSECTIONS, DIRECTIONS, ETC.			
	APARTMENT/UNIT NUMBER	CITY	STATE	
COUNTY	ZIP CODE	BEGIN DATE AT ADDRESS OR LOCATION	END DATE AT ADDRESS OR LOCATION	

REGISTRANT ADDRESS INFORMATION				
<input type="checkbox"/> I have a permanent residence <input type="checkbox"/> I do not have a permanent residence (lack a fixed residence)				
<input type="checkbox"/> Previous Home Address <input type="checkbox"/> Current Permanent Address <input type="checkbox"/> Relocation Address <input type="checkbox"/> Other/Secondary Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Homeless/Transient Location	PHYSICAL ADDRESS OR LOCATION(S) YOU HABITUALLY SLEEP, CROSS-STREETS, INTERSECTIONS, DIRECTIONS, ETC.			
	APARTMENT/UNIT NUMBER	CITY	STATE	
COUNTY	ZIP CODE	BEGIN DATE AT ADDRESS OR LOCATION	END DATE AT ADDRESS OR LOCATION	

PLEASE USE AN ADDRESS ADDENDUM FOR ANY ADDITIONAL ADDRESSES OR HOMELESS/TRANSIENT INFORMATION				
POST-SECONDARY EDUCATION (COLLEGE/TRADE SCHOOL) <input type="checkbox"/> I am not a student, school employee or school volunteer				
<input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer		BEGIN DATE OF SCHOOL	END DATE OF SCHOOL	
SCHOOL NAME			CAMPUS LOCATION	
SCHOOL ADDRESS		SCHOOL CITY	SCHOOL STATE	SCHOOL ZIP CODE
SCHOOL COUNTY	CONTACT PERSON (IF EMPLOYED BY THE SCHOOL)		CONTACT PHONE NUMBER	

PLEASE USE A POST-SECONDARY EDUCATION ADDENDUM FOR ANY ADDITIONAL POST-SECONDARY EDUCATION INFORMATION				
EMPLOYMENT INFORMATION			<input type="checkbox"/> I am currently unemployed	
EMPLOYER NAME		CONTACT PERSON	CONTACT PHONE NUMBER	
EMPLOYER ADDRESS		EMPLOYER CITY	EMPLOYER STATE	EMPLOYER ZIP CODE
EMPLOYER COUNTY	OCCUPATION	BEGIN DATE OF EMPLOYMENT	END DATE OF EMPLOYMENT	

PLEASE USE AN EMPLOYMENT ADDENDUM FOR ANY ADDITIONAL EMPLOYMENT INFORMATION				
DRIVERS LICENSE INFORMATION			<input type="checkbox"/> I do not have a drivers license or identification card	
DRIVERS LICENSE OR ID CARD NUMBER	DRIVERS LICENSE OR ID CARD STATE	DRIVERS LICENSE OR ID CARD ISSUE DATE	DRIVERS LICENSE OR ID CARD EXPIRATION DATE	
DRIVERS LICENSE OR ID CARD NUMBER	DRIVERS LICENSE OR ID CARD STATE	DRIVERS LICENSE OR ID CARD ISSUE DATE	DRIVERS LICENSE OR ID CARD EXPIRATION DATE	

PLEASE USE A VEHICLE ADDENDUM FOR ANY ADDITIONAL DRIVERS LICENSE INFORMATION				
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VEHICLE INFORMATION				<input type="checkbox"/> I do not own/use a vehicle, trailer or motor home	
LICENSE PLATE NUMBER		LICENSE PLATE STATE		LICENSE PLATE EXPIRATION DATE	
VEHICLE VIN NUMBER		VEHICLE YEAR		VEHICLE MAKE	
VEHICLE STYLE		VEHICLE COLOR/COLOR SCHEME		REGISTERED OWNER OF VEHICLE	
BEGIN DATE OF VEHICLE		END DATE OF VEHICLE		<input type="checkbox"/> This vehicle is used as a residence <input type="checkbox"/> This vehicle is NOT used as a residence	
LICENSE PLATE NUMBER		LICENSE PLATE STATE		LICENSE PLATE EXPIRATION DATE	
VEHICLE VIN NUMBER		VEHICLE YEAR		VEHICLE MAKE	
VEHICLE STYLE		VEHICLE COLOR/COLOR SCHEME		REGISTERED OWNER OF VEHICLE	
BEGIN DATE OF VEHICLE		END DATE OF VEHICLE		<input type="checkbox"/> This vehicle is used as a residence <input type="checkbox"/> This vehicle is NOT used as a residence	
PLEASE USE A VEHICLE ADDENDUM FOR ANY ADDITIONAL VEHICLE INFORMATION					
BOAT INFORMATION / COAST GUARD DOCUMENT NUMBER				<input type="checkbox"/> I do not own/use a boat or have Coast Guard document #	
COAST GUARD DOCUMENT NUMBER		BOAT REGISTRATION NUMBER		BOAT REGISTRATION STATE	
BOAT YEAR		BOAT MAKE		BOAT EXPIRATION YEAR	
BOAT TYPE		BOAT COLOR/COLOR SCHEME		BOAT HULL NUMBER	
HULL MATERIAL		HULL SHAPE		BOAT LENGTH	
BOAT NAME		BOAT OWNER		HOME PORT	
BEGIN DATE OF BOAT		END DATE OF BOAT			
EMERGENCY CONTACT/NEXT OF KIN INFORMATION					
EMERGENCY CONTACT/NEXT OF KIN FULL NAME		RELATIONSHIP		PHONE NUMBER	
EMERGENCY CONTACT/NEXT OF KIN ADDRESS		CITY		STATE	
				ZIP CODE	
EMERGENCY CONTACT/NEXT OF KIN FULL NAME		RELATIONSHIP		PHONE NUMBER	
EMERGENCY CONTACT/NEXT OF KIN ADDRESS		CITY		STATE	
				ZIP CODE	
EMERGENCY CONTACT/NEXT OF KIN FULL NAME		RELATIONSHIP		PHONE NUMBER	
EMERGENCY CONTACT/NEXT OF KIN ADDRESS		CITY		STATE	
				ZIP CODE	

REGISTRATION/REPORTING REQUIREMENTS					
<input type="checkbox"/> Quarterly Registration <input type="checkbox"/> Annual Registration			NEXT REGISTRATION DATE		REGISTRANTS INITIALS
Offenders who lack a fixed residence, IN ADDITION TO, registering quarterly or annually, must report to the local law enforcement agency monthly if they are a quarterly registrant or quarterly if they are an annual registrant.					
Does offender lack a fixed residence? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Report Monthly <input type="checkbox"/> Report Quarterly		NEXT REPORTING DATE REGISTRANTS INITIALS	
REGISTRANT SIGNATURE					
By signing below, I attest that I understand and acknowledge my duty to register as a sex offender, as required by the Colorado Sex Offender Registration Act - Title 16, Article 22, Colorado Revised Statutes. I understand that providing false or incomplete information may constitute a misdemeanor or felony criminal offense.					OFFENDER FINGERPRINT (OPTIONAL)
SIGNATURE OF REGISTRANT			CURRENT DATE		
SIGNATURE OF PARENT/GUARDIAN		RELATIONSHIP TO OFFENDER	PHONE NUMBER		
↓	↓	↓	↓	↓	↓
CRIMINAL JUSTICE INFORMATION			Please verify all information with a complete criminal history background.		
SOR NUMBER	STATE ID (SID) NUMBER	FBI NUMBER/UCN	DEPT OF CORR NUMBER	AGENCY CASE (OCA) NUMBER	SEXUALLY VIOLENT PREDATOR <input type="checkbox"/> Yes <input type="checkbox"/> No
COURT DOCKET NUMBER		DATE OF CONVICTION	DATE OF OFFENSE	SEX OF VICTIM	AGE OF VICTIM
RELATIONSHIP TO VICTIM	CONVICTION STATE	STATUTE NUMBER	SEX CONVICTION REQUIRING REGISTRATION		STATUTE CLASS
COURT DOCKET NUMBER		DATE OF CONVICTION	DATE OF OFFENSE	SEX OF VICTIM	AGE OF VICTIM
RELATIONSHIP TO VICTIM	CONVICTION STATE	STATUTE NUMBER	SEX CONVICTION REQUIRING REGISTRATION		STATUTE CLASS
COURT DOCKET NUMBER		DATE OF CONVICTION	DATE OF OFFENSE	SEX OF VICTIM	AGE OF VICTIM
RELATIONSHIP TO VICTIM	CONVICTION STATE	STATUTE NUMBER	SEX CONVICTION REQUIRING REGISTRATION		STATUTE CLASS
MISCELLANEOUS INFORMATION – NOTES/COMMENTS					
REGISTRATION AGENCY INFORMATION					
PRINTED NAME – CRIMINAL JUSTICE AGENCY PERSONNEL			CRIMINAL JUSTICE AGENCY NAME		
SIGNATURE – CRIMINAL JUSTICE AGENCY PERSONNEL			CRIMINAL JUSTICE AGENCY PHONE NUMBER		CURRENT DATE