

REGISTRATION FORM

Logo

Name of Tribe
Responsible Agency Name
Address

Date: ___/___/___

Time: _____

Offender Name: _____

Next Verification Date: ___/___/___

(Appear on or before your next verification date.)

GENERAL INFORMATION:

Name: _____

Last

First

Middle

Alias(s): _____

DOB: ___/___/___ Age: ___ Place of Birth: _____ Gender: _____

SSN: ___/___/___ Height: ___ Weight: ___ Hair Color: ___ Eyes Color: _____

Race: _____ Tribal Member Affiliation: _____ CDIB #: _____

DL#: _____ DOC#: _____ FBI#: _____ OSBI#: _____

PHYSICAL DESCRIPTION:

Scars/ Marks/ Tattoos: _____

Scars/ Marks/ Tattoos: _____

Scars/ Marks/ Tattoos: _____

RESIDENCE ADDRESS:

Offender Address: _____ How Long? _____

Mailing Address: _____

Directions to Residence: _____

All occupants residing in the home:

Name: _____ Relationship: _____

REGISTRATION FORM

Date of Birth: ____ / ____ / ____	Gender: _____	How Long: ____
Name: _____ Relationship: _____		
Date of Birth: ____ / ____ / ____	Gender: _____	How Long: ____
Name: _____ Relationship: _____		
Date of Birth: ____ / ____ / ____	Gender: _____	How Long: ____
Name: _____ Relationship: _____		
Date of Birth: ____ / ____ / ____	Gender: _____	How Long: ____
Name: _____ Relationship: _____		
Date of Birth: ____ / ____ / ____	Gender: _____	How Long: ____
Is the current address located on tribal land? Yes No		

PHONE NUMBER:

Home Phone: (____) _____ Cell Phone: (____) _____
Other Phone: (____) _____ Other Phone: (____) _____

EMPLOYMENT INFORMATION:

Current Employer: _____ Name of Supervisor: _____
Address: _____ Work Locations: _____
Occupation: _____ Date of Employment: ____ / ____ / ____
Work Phone: (____) _____

SCHOOL LOCATIONS:

Name of Institute: _____ Address: _____

REGISTRATION FORM

Name of Institute: _____ Address: _____

VEHICLE INFORMATION:

Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

Make: _____ Model: _____ Color: _____ Year: _____ Tag #: _____

CRIMINAL HISTORY:

Conviction: _____ Date Convicted: ____/____/____

Date Sentence Completed: ____/____/____ Case #: _____ Age of Victim: _____

Race of Victim: _____ Sex of Victim: _____ Offender Relationship to Victim: _____

Tribe/ City/ County/ State of Conviction: _____

Confinement or Probationary Sentence: _____

Conviction: _____ Date Convicted: ____/____/____

Date Sentence Completed: ____/____/____ Case #: _____ Age of Victim: _____

Race of Victim: _____ Sex of Victim: _____ Offender Relationship to Victim: _____

Tribe/ City/ County/ State of Conviction: _____

Confinement or Probationary Sentence: _____

Conviction: _____ Date Convicted: ____/____/____

Date Sentence Completed: ____/____/____ Case #: _____ Age of Victim: _____

Race of Victim: _____ Sex of Victim: _____ Offender Relationship to Victim: _____

Tribe/ City/ County/ State of Conviction: _____

Confinement or Probationary Sentence: _____

REGISTRATION FORM

Conviction: _____ Date Convicted: ____ / ____ / ____
Date Sentence Completed: ____ / ____ / ____ Case #: _____ Age of Victim: ____
Race of Victim: _____ Sex of Victim: ____ Offender Relationship to Victim: ____
Tribe/ City/ County/ State of Conviction: _____
Confinement or Probationary Sentence: _____
Description of Crime Requiring Registration: _____ _____ _____ _____
Registered as: Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/>

PROFESSIONAL LICENSING INFORMATION:

Type of License/ License #: _____

Type of License/ License #: _____

INTERNET IDENTIFIERS:

Email Address: _____ Instant Message Name: _____

Facebook Username: _____ Facebook User ID: _____

Twitter Username: _____ Twitter User ID: _____

Snapchat Username: _____ Snapchat User ID: _____

Other Identifiers: _____

REGISTRATION FORM

PASSPORT AND IMMIGRATION DOCUMENT(S):

Passport #: _____ Issued Dates: ___/___/___ Expiration Date: ___/___/___

Are you a US Citizen? Yes No

FOR SRO USE ONLY:

DNA: DNA should be taken unless the sex offender's DNA profile is already contained in CODIS or another jurisdiction has taken a sample for submission to CODIS.

DNA Collected: Yes No

Date of Collection: ___/___/___ Date Submitted to CODIS: ___/___/___

PHOTOGRAPH:

BIOMETRIC DATA:

Date Taken: ___/___/___

Date of Collection: ___/___/___

PUBLIC SEX OFFENDER REGISTRY:

Date entered in National Sex Offender Registry: ___/___/___

Date entered in TTSORS: ___/___/___

I hereby certify that I have answered these questions truthfully and accurately and I understand that failure to do so may result in criminal, civil, state or federal sanctions.

Name of Registrant (Print)

Signature of Registrant

Date

Name of SRO (Print)

Signature of SRO

Date

ACKNOWLEDGMENT FORM

- 1) I have been advised of the Name of Tribe Sex Offender Registration Act and the Name of Tribe sex offender registration procedures.
- 2) Individuals who have been convicted of a qualifying sex offense as outlined in the Name of Tribe Sex Offender Registration Act or the Federal Sex Offender Registration and Notification Act (SORNA) must register as a sex offender with the Name of Tribe if:
 - a) They are convicted by the Name of Tribe of a covered sex offense regardless of the sex offender's actual or intended residency,
 - b) They are incarcerated by the Name of Tribe while completing any sentence for a covered sex offense, regardless of whether it is the same jurisdiction as the jurisdiction of conviction or residence,
 - c) They reside within lands subject to the jurisdiction of the Name of Tribe, including Housing Department properties,
 - d) They are employed by the Name of Tribe in any capacity at any location or otherwise is employed within lands subject to the jurisdiction of the Tribe, or
 - e) They are a student in any capacity within lands subject to the jurisdiction of the Name of Tribe or operated by the Name of Tribe.
- 3) Sex offenders required to register with the Name of Tribe shall complete a Registration Form and shall provide the Name of Tribe Sex Offender Registration Program with the following information: criminal history, date of birth, DNA samples, driver's licenses, identification cards, passport, and immigration documents, employment information, finger and palm prints, internet identifiers, name, phone numbers, pictures, physical description, professional licensing information, address (residential and mailing), school information, social security number, temporary lodging information, conviction offense information, and vehicle information.
- 4) Pursuant to Tribal and Federal Laws, anyone who is required to register with the Name of Tribe shall do so in the following time frame:
 - a) If incarcerated, before release from incarceration for the registration offense,

- b) If not incarcerated, within 3 business days of sentencing for the registration offense, and
 - c) Within 3 business days of establishing a residence, commencing employment, or becoming a student on lands subject to the jurisdiction tribe.
- 5) All sex offenders are required to appear in person when making changes or updates to the following information:
- a) Any sex offender who enters the tribal jurisdiction to reside, or who is registered in the tribal jurisdiction as a resident and changes his or her name or place of residence within the tribal jurisdiction, to appear in person to register or update the registration before the change if the event should have been known by the offender in advance or within 3 business days following the time that the sex offender should know of the change.
 - b) Any sex offender who commences employment in the tribal jurisdiction, or changes employer or place of employment in the tribal jurisdiction, to appear in person to register or update the registration before the change if the event should have been known by the offender in advance or within 3 business days following the time that the sex offender should know of the change.
 - c) Any sex offender who commences school attendance in the tribal jurisdiction, or changes the school attended or place of school attendance in the tribal jurisdiction, to appear in person to register or update the registration before the change if the event should have been known by the offender in advance or within 3 business days following the time that the sex offender should know of the change.
 - d) Any sex offender who have a change in other information such as criminal history, driver's license, internet identifiers, phone numbers, physical description, governmental licensing information, lodging of three days or more duration, and vehicle information to appear in person to register or update the registration before the change if the event should have been known by the offender in advance or within 3 business days following the time that the sex offender should know of the change.
- 6) A sex offender who is required to register shall, at a minimum, appear in person at the Responsible Agency Name for purposes of verification and keeping their registration current in accordance to the following time frames:
- a) Tier 1 sex offenders appear once a year for 15 years

- b) Tier 2 sex offenders appear once every 180 days for 25 years
 - c) Tier 3 sex offenders appear once every 90 days for the life
- 7) If an offender who is required to register because of residence in the Name of Tribe jurisdiction intends to commence residence, school, or employment outside of the United States, the offender must notify the Responsible Agency Name 21 days prior to his or her departure.
 - 8) At each in person verification a sex offender shall permit the Name of Tribe SORNA Registration Official (SRO) to take current photographs of the offender and review existing information for accuracy.
 - 9) The following information, related to the sex offender, will be maintained on a national sex offender registry website: any registration requirement violations, if absconded, all sex offenses for which convicted, all sex offenses for which registered, address of employer, name including aliases, current photograph, physical description, residential address including habitual residences, all addresses of schools attended, and vehicle license plate number along with a description of the vehicles.
 - 10) Any failure to appear for registration, absconding, or other violation of either the SORNA or the Name of Tribe Sex Offender Registration Act may result in criminal, civil, state or federal sanctions.

I have read, or had read to me, and understand the above laws and regulations regarding my registration as a sex offender.

Name of Registrant (Print)	Signature of Registrant	Date
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Name of SRO (Print)	Signature of SRO	Date
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INITIAL REGISTRATION CHECKLIST

Date: ____/____/____

SORNA Requirement	Y/N	Notes
1. The sex offender appears in person?		
2. The sex offender resides within the lands subject to tribal jurisdiction?		
3. The sex offender is employed within the lands subject to tribal jurisdiction?		
4. The sex offender is a student within the lands subject to tribal jurisdiction?		
5. Convicted of a covered sex offense?		
6. Convicted by the tribes of a covered sex offense?		
7. <i>Acknowledgment Form</i> completed?		
8. <i>Registration Form</i> completed?		
9. The sex offender is a Tier 1 Offender?		
10. The sex offender is a Tier 2 Offender?		
11. The sex offender is a Tier 3 Offender?		
12. DNA taken?		
13. Photograph taken?		
14. Biometric data taken?		
15. Paid the registration fee of \$250.00?		
16. Applied for waiver or reduction?		
17. The sex offender is provided a return date based on the level at which the person has been tiered?		
18. All information is digitized?		

19. Entered information in National Sex Offender Registry?		
20. Entered information in TTSORS?		
21. Information immediately forwarded to all other jurisdictions in which the sex offender is required to register?		
22. All information is filed in the electronic file?		
23. All information is filed in the hard file?		

ACTIVITY LOG

Date: ____/____/____

Activity	Check	Notes
Initial registration?		
Update registration?		
Mailed registration reminder?		
Conducted address verification?		
Conducted mail in address verification?		
Other?		

Date: ____/____/____

Activity	Check	Notes
Initial registration?		
Update registration?		
Mailed registration reminder?		
Conducted address verification?		
Conducted mail in address verification?		
Other?		

Date: ____/____/____

Activity	Check	Notes
Initial registration?		
Update registration?		
Mailed registration reminder?		
Conducted address verification?		
Conducted mail in address verification?		
Other?		

Date: ____/____/____

Activity	Check	Notes
Initial registration?		
Update registration?		
Mailed registration reminder?		
Conducted address verification?		
Conducted mail in address verification?		
Other?		

Date:

Name: John Adam Smith
Address

Re: **NOTICE TO REGISTER**

Dear Mr. Smith,

You are hereby notified that pursuant to the Adam Walsh Act and Name of Tribe Sex Offender Registration Act you are required by both federal and tribal law to register as a sex offender with the Responsible Agency Name.

Because you were convicted of _____, you are required by law to register with the Name of the Tribe in addition to your registration with the State of Oklahoma. You shall be registered as a Tier ____ Offender with the Tribes.

Please contact the Responsible Agency Name at phone number XXX-XXX-XXXX immediately to schedule an appointment to register. Failure to register within 3 days is both a federal and tribal offense punishable by up to 10 years' incarceration.

Please bring copies of all documents that pertains to your case(s) in which you were convicted of and all forms of identification when you present yourself to the Responsible Agency Name.

If you have any questions, please feel free to contact me.

Thank You,

Responsible Agency Name
Address
Phone Number
Email

UPDATE REGISTRATION CHECKLIST

Date: ____/____/____

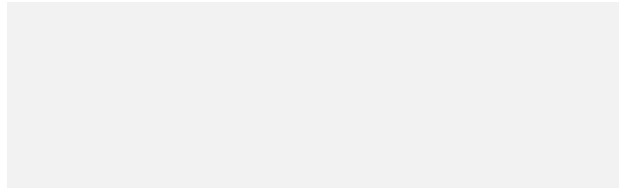
SORNA Requirement	Y/N	Notes
1. The sex offender appears in person?		
2. The sex offender appears to update registration information because of a change?		
3. The sex offender appears to verify information because the sex offender is due according to tier?		
4. Review with the sex offender the full range of information in the registry.		
5. Obtain from the sex offender any changes in the registration information.		
6. <i>Updated Registration Information Form</i> completed?		
7. Updated physical description taken?		
8. Updated photograph taken?		
9. Updated biometric data?		
10. Paid the registration fee of \$250.00?		
11. Applied for waiver or reduction?		
12. The sex offender is provided a return date based on the level at which the person has been tiered?		
13. All information is digitized?		
14. Entered information in National Sex Offender Registry?		
15. Entered information in TTSORS?		
16. Information immediately forwarded to all other jurisdictions in which the sex offender is required to register?		
17. All information is filed in the electronic file?		

18. All information is filed in the hard file?

UPDATED REGISTRATION INFORMATION FORM

Logo

Name of Tribe
Responsible Agency Name
Address



Use this form to update the registration. Please review the previous Registration Form or Updated Registration Information Form. In every section, indicate a change by checking “Yes” and filling in any updated information. Check “No” if there are no changes or updates and skip over to the next section.

UPDATED GENERAL INFORMATION:

Are there (or are you making) changes to your general information? Yes No

Name: _____

Last

First

Middle

Alias(s): _____

DOB: ___/___/___ Age: ___ Place of Birth: _____ Gender: _____

SSN: ___/___/___ Height: ___ Weight: ___ Hair Color: ___ Eyes Color: _____

Race: _____ Tribal Member Affiliation: _____ CDIB #: _____

DL#: _____ DOC#: _____ FBI#: _____ OSBI#: _____

UPDATED PHYSICAL DESCRIPTION:

Are there (or are you making) changes to your physical description? Yes No

Scars/ Marks/ Tattoos: _____

Scars/ Marks/ Tattoos: _____

Scars/ Marks/ Tattoos: _____

UPDATED RESIDENCE ADDRESS:

UPDATED REGISTRATION INFORMATION FORM

Are there (or are you making) changes to your residence address? ___ Yes ___ No
Date of Change/ Anticipated Change: _____
Offender Address: _____ How Long? _____
Mailing Address: _____
Directions to Residence: _____
All occupants residing in the home:
Name: _____ Relationship: _____
Date of Birth: ___ / ___ / ___ Gender: _____ How Long: _____
Name: _____ Relationship: _____
Date of Birth: ___ / ___ / ___ Gender: _____ How Long: _____
Name: _____ Relationship: _____
Date of Birth: ___ / ___ / ___ Gender: _____ How Long: _____
Name: _____ Relationship: _____
Date of Birth: ___ / ___ / ___ Gender: _____ How Long: _____
Name: _____ Relationship: _____
Date of Birth: ___ / ___ / ___ Gender: _____ How Long: _____
Is the current address located on tribal land? Yes No

UPDATED PHONE NUMBER:

Are there (or are you making) changes to your phone number? ___ Yes ___ No
Date of Change/ Anticipated Change: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Other Phone: (____) _____ Other Phone: (____) _____

UPDATED REGISTRATION INFORMATION FORM

UPDATED EMPLOYMENT INFORMATION:

Are there (or are you making) changes to your employment information? ___ Yes ___ No

Date of Change/ Anticipated Change: _____

Current Employer: _____ Name of Supervisor: _____

Address: _____ Work Locations: _____

Occupation: _____ Date of Employment: ____/____/____

Work Phone: (____) _____

UPDATED SCHOOL LOCATIONS:

Are there (or are you making) changes to your school locations? ___ Yes ___ No

Date of Change/ Anticipated Change: _____

Name of Institute: _____ Address: _____

Name of Institute: _____ Address: _____

UPDATED VEHICLE INFORMATION:

Are there (or are you making) changes to your vehicle information? ___ Yes ___ No

Make: _____ Model: _____ Color: _____ Year: ____ Tag #: _____

Make: _____ Model: _____ Color: _____ Year: ____ Tag #: _____

Make: _____ Model: _____ Color: _____ Year: ____ Tag #: _____

UPDATED CRIMINAL HISTORY:

Are there (or are you making) changes to your criminal history? ___ Yes ___ No

Conviction: _____ Date Convicted: ____/____/____

UPDATED REGISTRATION INFORMATION FORM

Date Sentence Completed: ____ / ____ / ____ Case #: _____ Age of Victim: ____
Race of Victim: _____ Sex of Victim: ____ Offender Relationship to Victim: _____
Tribe/ City/ County/ State of Conviction: _____
Confinement or Probationary Sentence: _____
Conviction: _____ Date Convicted: ____ / ____ / ____
Date Sentence Completed: ____ / ____ / ____ Case #: _____ Age of Victim: ____
Race of Victim: _____ Sex of Victim: ____ Offender Relationship to Victim: _____
Tribe/ City/ County/ State of Conviction: _____
Confinement or Probationary Sentence: _____
Conviction: _____ Date Convicted: ____ / ____ / ____
Date Sentence Completed: ____ / ____ / ____ Case #: _____ Age of Victim: ____
Race of Victim: _____ Sex of Victim: ____ Offender Relationship to Victim: _____
Tribe/ City/ County/ State of Conviction: _____
Confinement or Probationary Sentence: _____
Conviction: _____ Date Convicted: ____ / ____ / ____
Date Sentence Completed: ____ / ____ / ____ Case #: _____ Age of Victim: ____
Race of Victim: _____ Sex of Victim: ____ Offender Relationship to Victim: _____
Tribe/ City/ County/ State of Conviction: _____
Confinement or Probationary Sentence: _____
Description of Crime Requiring Registration: _____ _____

UPDATED REGISTRATION INFORMATION FORM

Registered as: Tier 1 <input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/>

UPDATED PROFESSIONAL LICENSING INFORMATION:

Type of License/ License #: _____
Type of License/ License #: _____

Email Address: _____ Instant Message Name: _____
Twitter Username: _____ Twitter User ID: _____
Other Identifiers: _____

UPDATED PASSPORT AND IMMIGRATION DOCUMENT(S):

Are there (or are you making) changes to passport and immigration docs? ___ Yes ___ No
Passport #: _____ Issued Dates: ___/___/___ Expiration Date: ___/___/___
Are you a US Citizen? Yes No

UPDATED REGISTRATION INFORMATION FORM

FOR SRO USE ONLY:

UPDATED PHOTOGRAPH:

UPDATED BIOMETRIC DATA:

Date entered in National Sex Offender Registry: ____ / ____ / ____

Date entered in TTSORS: ____ / ____ / ____

I hereby certify that I have answered these questions truthfully and accurately and I understand that failure to do so may result in criminal, civil, state or federal sanctions.

Name of Registrant (Print)

Signature of Registrant

Date

Name of SRO (Print)

Signature of SRO

Date

DECLARATION OF CONVICTED SEX OFFENSE FOR EMPLOYMENT
Supplement to Name of Tribe Application Form

(Please complete the form and sign and date the designated areas.)

Name:	Date of Birth: / /		
Last	First	Middle	
Address:			Phone Number: ()
Street			
Job Title:			
State	City	Zip	

BACKGROUND INFORMATION

Section 104.C. of the Tribes Sex Offender Registration Act

Any person who resides, is employed, or is a student, within the jurisdiction of the Tribes or otherwise on property owned or regulated by the Tribes, who has been convicted of a sex offense is required to register with the Responsible Agency Name.

Section 502.A.3. of the Tribes Sex Offender Registration Act

A sex offender required to register with the Tribes under this Act shall do so within 3 business days of establishing a residence, commencing employment, or becoming a student on lands subject to the jurisdiction of the Tribes, a sex offender must appear in person to register with the Responsible Agency Name.

Section 507. D. of the Tribes Sex Offender Registration Act

An Employee of the Name of Tribe who fails to register within the requirements of this Act, will be discharged from employment, subject to Constitution Article I rights.

Section 801.A. of the Tribes Sex Offender Registration Act

Requires a criminal penalty that includes a misdemeanor crime, a fine of up to \$2,500, 6 months' imprisonment, or both, for failing to provide information, failing to appear, or by omitting, falsifying, or failing to timely notify the Responsible Agency Name of changes to required information.

Section 801.B. of the Tribes Sex Offender Registration Act

Requires a criminal penalty that includes a felony crime, a fine of up to \$15,000, 36 months' imprisonment, or both, for knowingly failing to register, update a registration, or absconding.

To assure compliance with the above laws, the following question is added to the Name of Tribe Application for Employment:

- 1) Have you ever been convicted of a sex offense under the law of any jurisdiction including offenses under federal, military, state, territorial, local, and tribal and foreign law?

Yes _____ No _____

If "Yes", provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and name and address of the police department or court involved.

If the applicant is a convicted sex offender, the Personnel Department will provide a copy of this form to the Responsible Agency Name.

If hired, please contact the Responsible Agency Name at XXX-XXX-XXXX immediately to schedule an appointment to register. Please bring copies of all documents that pertain to your case(s) in which you were convicted of and all forms of identification when you present yourself to the Tribes Responsible Agency Name. Failure to register within 3 days is both a federal and tribal offense punishable by up to 10 years' incarceration.

I hereby certify that I have answered these questions truthfully and accurately and I understand that failure to do so may result in criminal, civil, state or federal sanctions.

Applicant's Signature

Date

FOR PERSONNEL:

Please refer all applicants who are convicted sex offenders to the Tribes Responsible Agency Name located at the Trial Court of the Name of Tribe and transmit a copy of this form by fax at XXX-XXX-XXXX or email SRO at email.

National Crime Information Center Validation Procedures

The National Crime Information Center (NCIC) is an electronic clearinghouse of crime data that can be tapped into by virtually every criminal justice agency nationwide, 24 hours a day, and 365 days a year. It helps criminal justice professionals apprehend fugitives, locate missing persons, recover stolen property, and identify terrorists. The NCIC database currently consists of 21 files. There are seven property files containing records of stolen articles, boats, guns, license plates, parts, securities, and vehicles. There are 14 persons files, including: Supervised Release; National Sex Offender Registry (NSOR); Foreign Fugitive; Immigration Violator; Missing Person; Protection Order; Unidentified Person; Protective Interest; Gang; Known or Appropriately Suspected Terrorist; Wanted Person; Identity Theft; Violent Person; and National Instant Criminal Background Check System (NICS) Denied Transaction.

NSOR maintains records on individuals who are required to register in a jurisdiction's sex offender registry. The SRO through the BIA submit to the FBI within three business days the types of registry information that the FBI includes in NSOR or other national databases.

The SRO shall provide the BIA with case files to confirm the record is complete, accurate and still outstanding or active. Validation is accomplished by reviewing the original entry and current supporting documents, and by recent consultation with the appropriate prosecutor, court, or other appropriate source or individual. The validation process includes a review of whether additional information has become available that could be added to the entry being validated.

The accuracy of NCIC records is an integral part of the NCIC System. NCIC policy requires all entries into the NCIC be checked by a second party for accuracy of information included in the record. For NSOR records, all entered fields should be verified against the source document to ensure that the data in the NSOR record match the data in the registration report.

As the sex offender is required to register repeatedly throughout the year, and the registering/entering agency is expected to update the associated NCIC NSOR record entry as appropriate at each registration, the Validator's Name (VLN) and Validation Date (VLD) can be modified at the same time. This process will keep the NSOR entry continuously validated. If an offender has moved to another state which does not require registration, the Kansas agency is to leave their entry in NCIC. Change the State (STA) Field to reflect the appropriate state and add to the MIS Field a statement clearly describing the current circumstances.

UPDATED REGISTRATION INFORMATION NOTIFICATION LETTER

TO: _____

Subject: _____
DOB: ____ / ____ / ____
Offender Type: _____

DATE:

This is to advise you that the above named registered sex offender is registered in our jurisdiction. We understand that they are also either currently registered, or will be required to register in your jurisdiction based on recent changes in their residence, employment, or schooling. The offender’s information has been updated as follows:

Original Identifying Information:	Updated Information:	Date of Change

Enclosed are the previous Registration Form or Updated Registration Information Form followed by the Updated Registration Information Form. Please see the date at the bottom of each form to identify the order. If you have any questions, please feel free to contact me.

Respectfully,

(Date)

Dear _____

The Name of Tribe Sex Responsible Agency Name has completed the following sex offender record search request:

<i>Subject Name</i>	Received	Returned	Registered Sex Offender	
			Yes	No
_____ <i>DOB:</i> ___/___/___ <i>S.S. N.:</i> XXX-XX-____	___/___/___	___/___/___		

Please note that our search includes databases which provide court records and registered offenders. Although the databases are frequently updated the information or absence of information may not be reflective of the most current status of the subject. Therefore, the result of the above response is only effective for the date the submission was originally returned. For more updated information, please submit new request of the subject.

If you believe that the results contained in this search is not accurate, you should immediately contact the Responsible Agency Name.

Respectfully,

Responsible Agency Name
Address
Phone Number
Email

RE: ADDRESS VERIFICATION

Dear _____

The Name of Tribe Responsible Agency Name Policy and Procedures requires address verifications to be conducted no less than once a year for tier 1 offenders, 6 months for tier 2 offenders, and 3 months for tier 3 offenders.

Deliver this address verification form in person to the Responsible Agency Name at the Trial Court of the Name of Tribe. The completed form must be delivered in person within ten (10) days. If the completed form is not received within thirty (30) days, law enforcement and the Prosecutor's Office will be notified of your failure to respond.

Failure to comply with requirements of the Name of Tribe Sex Offender Registration Act may be punishable by felony. If you have any questions, please contact the Responsible Agency Name at XXX-XXX-XXXX.

I verify that:

The address shown on this letter is correct.

My correct mailing address and phone number is:

Signature of Registrant

Full Name (Print)

Witness

Subscribed and sworn before me, the undersigned notary, this ___ day of _____, 20__.

NOTARY PUBLIC

My commission expires: _____

ABSCONSION NOTIFICATION LETTER

TO: U.S. Marshals Services
U.S. Courthouse
200 N.W. 4th St., Room 2418
Oklahoma City, OK. 73102
(405) 231-4206

Subject: _____
DOB: ____/____/____
Offender Type: _____

DATE:

This is to advise you that the above named registered sex offender has moved or otherwise absconded and has not notified the Responsible Agency Name of the Name of Tribe of his new address or location. This person may be in violation of the Name of Tribe Sex Offender Registration and Notification Act. You may wish to review this matter with your prosecuting attorney.

After making reasonable attempts, the Name of Tribe Responsible Agency Name has been unable to locate the above named subject. For this reason, the Name of Tribe Responsible Agency Name is requesting that a warrant be sought for the sex offender's arrest.

Should you develop information concerning where this sex offender has moved, please contact the Name of Tribe Responsible Agency Name immediately at the following address and phone number.

Respectfully,

Name of Tribe
Responsible Agency Name
Address
Phone
Email

CC: Name of Tribe
Prosecutor's Office
Address

Bureau of Indian Affairs
Address

In The Trial Court of the Name of Tribe
Address

Name of Tribe)
Plaintiff,)
vs.) Case No. _____
)
_____)
Defendant,)

SPECIAL RULES AND CONDITIONS FOR SEX OFFENDERS

I will be supervised by the probation officer for a period of _____ and will comply with the following rules and conditions:

1. Within 30 days, I will enroll in, attend, participate in and successfully complete a sex offender treatment program specifically designed for the treatment of sex offenders and approved by the Trial Court of the Name of Tribe. I will be responsible for all costs attached to the treatment.
2. I will authorize shared communication regarding my compliance with the treatment program and Responsible Agency Name.
3. I shall not have any contact with the victim of my crime including correspondence, telephone contact, or communication through a third party nor attempt any such contact. I will not enter onto the premises, travel past, or loiter near where the victim(s) resides, works, and/or attends school.
4. I will not reside with, have contact with or attempt to establish contact with any child under the age of eighteen (18) not related by blood or marriage, without prior approval of the probation officer in consultation with my provider.
5. I will not go to or loiter near schools, schoolyards, head starts, parks, playgrounds, arcades or swimming pools without prior approval of the probation officer and as permitted by tribal codes.
6. I will not be employed or participate in any volunteer activity where I have contact with children under the age of eighteen (18) except under circumstances approved in advance and in writing by the probation officer in consultation with the treatment provider.
7. I will comply with all of the provisions of the Sex Offenders Registration Act.
8. I will not purchase, own, possess, or subscribe to any obscene or sexually oriented or stimulating material or erotica. I will not frequent adult bookstores, sex shops, topless

bars, strip parlors, or any place where pornographic or obscene activities are present or performed. I will not utilize any sexually oriented telephone numbers or telephone services.

9. I will not use a computer to access any on-line computer services at any location for the purpose of viewing, obtaining, or transmitting child pornography or other sexually explicit material. I shall not access internet chat rooms for the purpose of obtaining child pornography or enticing children under the age of eighteen (18) to engage in sexually explicit activity.

10. If imposed, I shall abide with any curfew imposed by the Court.

11. Additional Conditions of Probation:

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The above conditions are imposed by the Court and are agreed to by the defendant as a consideration for imposition of a probated sentence, either in whole or in part. Failure to comply with the conditions of this agreement may result in revocation of the probated sentence. These conditions shall be filed in the above-styled case.

Done in open court this _____ Day of _____, _____.

Associate Judge

Attorney General

Attorney for Defendant

Defendant