

## SAC AND FOX NATION SEX OFFENDER REGISTRATION FORM

All public information (see Section 7.02 of Sex Offender Registration Code) shall be entered into the Tribe and Territory Sex Offender Registry System within 3 business days. All other information shall be retained in electronic format.

Type or Print (Black or Blue Ink Only)		Sentencing Court:				Registered as:			Tier 1 Tier 2 Tier 3				
Last Name			First Name		Middle Name		AKA/Alias: Last Name			First Name		Middle Name	
Date of Birth	Race	Sex	Height	Weight	Hair Color	Eye Color	Social Security #						
Tribal Affiliation	Tribal ID#	FBI#		NCIC#		Passport Immigration		Marital Status					
City of Birth	Birth State	Drivers License #		DL State		Professional licenses							

Place of Employment (including information related to transient or day labor employment)

Name of Employer	Address	Phone/Cell
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Vehicle Information

License Plate #	State Registered	License Plate Type	License Plate Expiration Date
Vehicle Style	Vehicle Color	Additional Details	
VIN	Vehicle Year	Vehicle Make	Vehicle Model
General Parking Location			

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### Vehicle Information

License Plate #	State Registered	License Plate Type	License Plate Expiration Date
Vehicle Style	Vehicle Color	Additional Details	
VIN	Vehicle Year	Vehicle Make	Vehicle Model
General Parking Location			

### Information for ALL Convicted Sex Offenses (attach separate sheet if necessary)

Date of Arrest		Arresting Agency			Offense of Conviction and Date of Conviction		
Probation/Jail Status		Where Incarcerated			Finger/Palm Print Y N	Date of Last Pic	DNA in CODIS Y N
Probation Officers Name			Probation Officers Phone#		Probation Officers Address		
Victim Information (Do not include name)	Age	Race	Sex	Offender Relationship to Victim			
Date of Arrest		Arresting Agency			Offense of Conviction and Date of Conviction		
Probation/Jail Status		Where Incarcerated			Finger/Palm Print Y N	Date of Last Pic	DNA in CODIS Y N
Probation Officers Name			Probation Officers Phone#		Probation Officers Address		
Victim Information (Do not include name)	Age	Race	Sex	Offender Relationship to Victim			
<b>Internet Identifiers</b>							
Email address		IM addresses		Names Used		Other designations/Identifiers	

### Education Institution      If currently (or will be) attending/employed/volunteering list here

Name of Institution	Location of Institution
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## SAC AND FOX NATION SEX OFFENDER REGISTRATION FORM

Residential Location (known/anticipated/habitual)				Mailing Address		
Street Address or general description (No PO BOX)				(If different from Residential Location)		
City	State	Zip	Phone # (all)	City	State	Zip

Contact Information		
Contact Information Name (Please Print)	Relationship	Phone Number
Address		
Name (Please Print)	Relationship	Phone Number
Address		

Any other information

I, the undersigned, hereby swear or affirm that the information provided and contained within this document is accurate and truthful, under penalty of applicable laws.

Signature	Date
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Name of Official Completing Form	Department	Date Completed	Date entered into Natl. Reg.
Translator Needed: Yes or No	Name of Translator		

Revised: 10/5/2010  
1/6/2011  
5/16

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