**INITIAL REGISTRATION FORM** [Form 1]

(tribe name) Tribe of Washington State

All public information shall be entered into the (tribe name) Sex Offender Registry (WSOR) and NCIC, immediately,

or within three (3) business days. All other information shall be retained both

in electronic format and in the offender’s paper file.

**Information in RED is not for public release.**

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| Will be Registered as: □ Tier 1  □ Tier 2  □ Tier 3 | | | | | |  | |
| **Last Name First Name Middle Name** | | | | **AKA/Aliases -- Last Name First Name Middle Name** | | |
| **Ethnic or Tribal names by which you are commonly known** | | | | | | |
| **Actual D.O.B.**  **Purported D.O.B.** | **Race** | **Sex** | **Height** | **Weight** | **Hair Color** | **Eye Color** | |
| **Tribal ID#** | | **Drivers License or ID Card #** | | | **Passport/Immigration #** | **Social Security #**  **Purported SSN:** |
| **Other Tribal Affiliations** | | | | | | |
| **ALL Vehicle Information – Include Land, Aircraft, Watercraft**  **License – Color/Make/Model/Year – Registration – Work or Personal - Where Vehicle Is Usually Parked?** | | | | | | |

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| **Residence Location (where you live or will live) – NO P.O. Box**  Street Number **–** Street Name | | Color/Type of Residence | | |
| **City, State, Zip** | **Phone # (land line)** | | **Phone # (cell)** | **Other Phone Nos.** |
| **Mailing Address if different from residence** | | | | |
| **Other residences where you also might stay** | | | | |
| **If NO permanent residence – provide location or description where you usually live or stay** | | | | |
| **Names - Gender - Ages of All Other Occupants in Primary Residence** | | | | |
| **Specific Directions to Residence – Exact Location of Residence in Relation to Landmarks** | | | | |
| **Location of any Temporary or Overnight Residences for 7 days or more**  **DATES of TRAVEL:** | | | | |
| **What is Proximity of any Residence to Areas with Children, Schools, Daycare, Parks, Pools, Other Neighbors with Children, etc.?** | | | | |

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| **Name of Education Institution whether attending/employed/volunteering** | **Location/Address** |

**Nearest Living Relative(s)**

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| **Name** | **Relationship to Registrant** | **Address – Telephone Number** |

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

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| **Name/Business Name of Employer** | **Address** | **City** | **State** | **Zip** | **Phone Number** |

**General description of physical appearance/characteristics**

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| **Email Addresses** | **Instant Message Addresses** | **Names Used** | **Other Designations/Identifiers** |

**Internet Identifiers**

**Describe/Draw Picture of Tattoos, Scars, Marks, and Amputations -- Indicate Location on Body**

**[*Official to Photograph All Listed Items*]**

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**Description of Crime Requiring Registration** - please be specific (attach separate sheet if necessary)

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| **Victim(s)’ Age** | **Victim(s)’ Gender** |

**Date of All Arrests [attach separate sheet if necessary]**

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**Description of Sentence Imposed for All Sex Offenses for Which You Were Convicted**

**[attach separate sheet if necessary]**

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| **Arrest Date -** Mon/Day/Year | **Arresting Agency/State** | **Offense Convicted Of** | **Conviction Date - Mon/Day/Year** |
| **Sentencing Court** | **Where Incarcerated or on Probation** | **Time Suspended** | **Amount of Time on Probation** |
| **Type of Probation** | **# of Years on Parole** | **Supervised Release** | **Release from Custody Date** |
| **All Terms and/or Conditions of Probation/Parole [attach any sentencing, probation, parole, special conditions, registration status, etc.]** | | | |
| **Any Outstanding Arrest Warrants? If so, list/describe.** | | | |

**Risk Assessment Completed?**

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| **Date** | **Agency Name/Address** | **Phone** |

***For Official Use Only***

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| **Text of Registration Offense** | | |
| **Official Name/Badge**  **[Official: fill-in, date, and/or mark N/A for each item]** | | **Date** |
| **Fingerprints: YES / NO**  **Date Taken:**  **What Method? Live Scan / Ink**  **Palm Prints: YES / NO**  **Date Taken:**  **What Method? Live Scan / Ink**  ***If inked, when mailed to FBI CJIS at Clarksburg, WV?* \_\_\_\_\_\_\_\_\_\_\_** | **Is DNA in CODIS? YES / NO**  **Date Taken**  **Date Sent to Lab:**  **What Lab?** | **Date of Last Picture**  **Pictures Taken Today? YES / NO**  **Reason for not taking any? i.e., no significant changes in appearance.** |
| * **Informed Registrant of his/her duties under SORNA \_\_\_\_\_\_\_** * **Gave Copy of (your) Ordinance to Registrant \_\_\_\_\_\_\_** * **Asked if Registrant understood registration requirements \_\_\_\_\_\_\_** * **Explained penalties/consequences for not keeping registration current \_\_\_\_\_\_\_** * **Explained that Registrant’s info will be entered into public websites \_\_\_\_\_\_\_** * **Asked for and copied ID cards \_\_\_\_\_\_\_** * **Gave Acknowledgement Form to Registrant to sign & made copy for Registrant \_\_\_\_\_\_\_** * **Collected DNA \_\_\_\_\_\_\_** * **Photographed Registrant \_\_\_\_\_\_\_** * **Finger & Palm Prints taken \_\_\_\_\_\_\_** * **Gave Appointment Notice to Registrant \_\_\_\_\_\_\_** * **Asked if Registrant had any questions \_\_\_\_\_\_\_** * **Date info scanned in TTSOR/OW \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** * **Date info entered into NCIC and by whom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **[date] [name]** | | |