

KANSAS OFFENDER REGISTRATION FORM

INITIAL REGISTRATION	<input type="checkbox"/>	ADULT OFFENDER	<input type="checkbox"/>
REGISTRATION UPDATE	<input type="checkbox"/>	JUVENILE OFFENDER	<input type="checkbox"/>
DUAL REGISTRATION	<input type="checkbox"/>		

For Use by the SO	
Triannual Registration	_____
Birth month	_____
2nd Req Visit	_____
3rd Req Visit	_____

PLEASE PRINT ALL INFORMATION

REGISTERING AGENCY NAME		AGENCY ORI NUMBER		REGISTRATION DATE	
SOP NUMBER (FOR KBI USE ONLY)		KBI NUMBER		FBI NUMBER	
				COURT DETERMINED SEXUAL PREDATOR YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME OF OFFENDER: LAST		FIRST		MIDDLE	
				SOCIAL SECURITY NUMBER	
ALIAS NAME: LAST		FIRST		MIDDLE	
		DATE OF BIRTH		PLACE OF BIRTH	
RACE	SEX	ETHNICITY	SKIN TONE	HEIGHT	WEIGHT
					EYE COLOR
					HAIR COLOR
DOC NUMBER					
SCARS / MARKS / TATTOOS (Location & Description)					
MENTAL HEALTH TREATMENT: PLEASE EXPLAIN ANY TREATMENT RECEIVED FOR MENTAL ABNORMALITY OR PERSONALITY DISORDER					

DRIVERS LICENSE NUMBER		STATE	YEAR	VEHICLE LICENSE PLATE NUMBER		STATE	YEAR	VEH LICENSE TYPE	
VEHICLE IDENTIFICATION NUMBER		VEHICLE YEAR		VEHICLE MAKE		VEHICLE MODEL		VEHICLE COLOR	
VEHICLE STYLE									
PHYSICAL RESIDENCE ADDRESS		STREET	APT #	CITY		COUNTY	STATE	ZIP	PHONE

MAILING ADDRESS IF DIFFERENT THAN RESIDENTIAL: Include PO Box or Rural Route; City, County, State and Zip

OCCUPATION / JOB TITLE		CURRENT PLACE OF EMPLOYMENT				NAME OF SUPERVISOR	
WORK ADDRESS:		STREET	CITY	COUNTY	STATE	ZIP	PHONE

NAME OF CURRENT EDUCATIONAL INSTITUTION:

STREET		CITY		COUNTY	STATE	ZIP	PHONE
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ALL EMAIL ADDRESSES AND ONLINE IDENTITIES:

INDICATE ALL OFFENSE(S) CONVICTED OF:		STATUTE NUMBER	DATE OF OFFENSE	DATE OF CONVICTION
CITY, COUNTY, <u>STATE</u> OF CONVICTION		COURT CASE NUMBER	SEX OF VICTIM	AGE OF VICTIM

PAROLE OR PROBATION OFFICER'S NAME		AGENCY ORI NUMBER	PHONE
NAME OF PERSON THAT REGISTERED THE OFFENDER		COMMENTS	PHONE

ATTENTION! BEFORE SIGNING READ ACKNOWLEDGEMENT OF THE OFFENDER

I have reviewed the Acknowledgement of the Offender and understand these duties under the Kansas Offender Registration Act.

I have provided truthful information which is contained above. I declare, verify and certify under the penalty of perjury that the foregoing is true and correct, executed on _____ (date).

SIGNATURE OF REGISTRANT: _____

MAIL ORIGINAL TO: THE KANSAS BUREAU OF INVESTIGATION, OFFENDER REGISTRATION AT 1620 SW TYLER, TOPEKA, KS 66612-1837. RETAIN A COPY FOR YOUR RECORDS AND PROVIDE A COPY TO THE OFFENDER.