



Tennessee Bureau of Investigation

Sexual Offender / Violent Sexual Offender / Violent Juvenile Sexual Offender

Registration/Verification/Tracking Form



<input type="checkbox"/> Previously Registered	<input type="checkbox"/> Initial Registration
<input type="checkbox"/> Annual Reporting	<input type="checkbox"/> Quarterly Reporting
<input type="checkbox"/> Information Update	

Please Print or Type all Information

SECTION A – Registrant Information:

Name: _____ DOB: _____ SSN: _____

Alias(es): _____ City of Birth: _____ State/Country of Birth: _____

Driver License # _____ State: _____ Government ID #: _____ Photocopy Made: Yes No

TOMIS #: _____ Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Scars, Marks, Tattoos: _____

SECTION B – Primary Address:

(P. O. BOX NOT ACCEPTABLE)

Street: _____ Apt/Lot #: _____

City: _____ County: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Start Date: _____

Minors residing at residence? Yes No

Resident of Nursing Home/Assisted Living Homeless

Agency to be notified: _____

Secondary Address or Place of Physical Presence:

(P. O. BOX NOT ACCEPTABLE)

Street: _____ Apt/Lot #: _____

City: _____ County: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Start Date: _____

Minors residing at residence? Yes No

Resident of Nursing Home/Assisted Living Homeless

Agency to be notified: _____

Mailing Address:

Street: _____ Apt/Lot #: _____

P. O. Box: _____

City: _____ County: _____

State: _____ Zip Code: _____ Country: _____

Closest Living Relative:

Name: _____

Street: _____ Apt/Lot #: _____

City: _____ County: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Relationship: _____

SECTION B – Offender's complete electronic mail address information; any instant message, chat, or other Internet communication name or identity information:

SECTION C – Vehicle, Mobile Home, Trailer, or Manufactured Home:

VIN #: _____ Registered to: _____

License Tag #: _____ State: _____

Description (color/make/model): _____

Vessel, Live-Aboard Vessel, or Houseboat:

Hull ID#: _____ Name of Vessel: _____

Registration #: _____ Registered to: _____

Description (color/make/model): _____

SECTION D – Campus Activity: Student Employee Volunteer Start Date: _____ End Date: _____
University/School: _____ Campus: _____ Agency to be Notified: _____

SECTION E – Employment: Employed Self-Employed Unemployed Type of Employment: _____
Employer 1: _____ Contact: _____ Phone: _____ Start Date: _____
Address: _____ End Date: _____
Street City County State Zip
Employer 2: _____ Contact: _____ Phone: _____ Start Date: _____
Address: _____ End Date: _____
Street City County State Zip
Agency to be Notified: Employer 1 _____ Employer 2 _____

SECTION F – Offense Information:

Date of Offense:	Conviction Offense:	Offense Location (County & State):	Victim:
1. _____	_____	_____	Number of Victims: _____
(Victim 1: Minor ___ Age ___ Sex ___)	Victim 2: Minor ___ Age ___ Sex ___	Victim 3: Minor ___ Age ___ Sex ___	
2. _____	_____	_____	Number of Victims: _____
(Victim 1: Minor ___ Age ___ Sex ___)	Victim 2: Minor ___ Age ___ Sex ___	Victim 3: Minor ___ Age ___ Sex ___	
3. _____	_____	_____	Number of Victims: _____
(Victim 1: Minor ___ Age ___ Sex ___)	Victim 2: Minor ___ Age ___ Sex ___	Victim 3: Minor ___ Age ___ Sex ___	

Release Date: _____ **Type of Release:** _____

<input type="checkbox"/> State Probation; what state? _____	<input type="checkbox"/> State Parole; what state? _____	<input type="checkbox"/> Interstate Compact
<input type="checkbox"/> Private Probation	<input type="checkbox"/> County Probation; what county? _____	<input type="checkbox"/> County Jail; what county? _____
<input type="checkbox"/> Federal Correctional Facility	<input type="checkbox"/> Another State Correctional Facility	
<input type="checkbox"/> Federal Probation	<input type="checkbox"/> Federal Supervised Released	
<input type="checkbox"/> Expiration of Sentence – No Supervised Release	<input type="checkbox"/> Expiration of Sentence to Lifetime Supervision	

SECTION G – Parole/Probation Officer (or person responsible for supervision):

Name/Title: _____ Phone: _____
Parole/Probation Office: _____ Office Street Address: _____
City: _____ State: _____ County: _____ Zip: _____ Agency to be Notified: _____

SECTION H – Classification:

<input type="checkbox"/> Sexual Offender	<input type="checkbox"/> Sexual Offender and Offender Against Children
<input type="checkbox"/> Violent Sexual Offender	<input type="checkbox"/> Violent Sexual Offender and Offender Against Children
<input type="checkbox"/> Violent Juvenile Sexual Offender	<input type="checkbox"/> Violent Juvenile Sexual Offender and Offender Against Children

Status:

<input type="checkbox"/> Active	<input type="checkbox"/> Inactive – Incarcerated
<input type="checkbox"/> Active – Incapacitated	<input type="checkbox"/> Inactive – Moved to Another State
<input type="checkbox"/> Active – Resides out of State, Employed in TN	<input type="checkbox"/> Inactive – Deported

Acknowledgment:

_____ I acknowledge that registry requirements and my current classification are subject to change based on changes in the TN SOR law or based on additional conviction information that may be obtained by TBI.

SECTION I – PLEASE READ CAREFULLY BEFORE SIGNING:

_____ I acknowledge I have read and understand the requirements, **OR**
_____ The requirements have been read to me and I understand the requirements.

Tennessee Code Annotated 39-16-702(b)(3): a person who, with the intent to deceive, makes any false statement on the TBI Registration Form is guilty of the felony offense of perjury.

Printed Name of Offender

Signature of Offender

Date and Time Signed

Printed Name of Reporting Officer

Signature of Reporting Officer

Date and Time Signed

SECTION J – Contributing Agency Information (Please Print Legibly)

Agency Name: _____ Reporting Officer: _____

Agency Address: _____
Street Address City County State Zip

Phone: (_____) _____ Fax #: (_____) _____

Criminal History Run: FBI #: _____ SID #: _____

Photographed? Yes No

Fingerprinted? Yes No

DNA Collected? Yes No