

TENNESSEE VIOLENT JUVENILE SEXUAL OFFENDER

REGISTRATION / VERIFICATION / TRACKING FORM

Tennessee Bureau of Investigation 901 R. S. Gass Boulevard, Nashville, TN 37216



Revision: 07/01/2011

___ Previously Registered ___ Initial Registration
___ Annual Reporting ___ Quarterly Reporting ___ Information Update

SECTION A – Registrant Information Please Print or Type all Information
Name: _____ DOB: _____ SSN: _____
Alias: _____ City of Birth: _____ State/Country of Birth: _____
Driver License # _____ State _____ Government ID # _____ Photocopy Made _____
TOMIS #: _____ Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____
Scars, Marks, Tattoos: _____

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

SECTION B - Primary Address: P. O. BOX NOT ACCEPTABLE Street _____ Apt/Lot # _____ City _____ County _____ State _____ Zip _____ Phone #: _____ Start Date: _____ Minors residing at residence: <input type="checkbox"/> Yes <input type="checkbox"/> No Agency to be notified: _____ Country: _____	Secondary Address or Place of Physical Presence: P. O. BOX NOT ACCEPTABLE Street _____ Apt/Lot # _____ City _____ County _____ State _____ Zip _____ Phone #: _____ Start Date: _____ Minors residing at residence: <input type="checkbox"/> Yes <input type="checkbox"/> No End Date: _____ Agency to be notified: _____ Country: _____
---	---

Mailing Address:
Street _____ Apt/Lot # _____
P. O. Box _____
City _____ County _____ State _____ Zip _____
___ Resident of Nursing Home/Assisted Living ___ Homeless
Country: _____

Closest Living Relative:
Name: _____
Street _____ Apt/Lot # _____
City _____ County _____ State _____ Zip _____
Phone # _____ Relationship: _____
Country: _____

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): _____ _____
---	---

Offender Initials _____

Date _____

**TENNESSEE VIOLENT JUVENILE SEXUAL OFFENDER
REGISTRATION / VERIFICATION / TRACKING FORM**

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. _____	_____	_____	Minor ___ Age ___ Sex ___
Victim 2: Minor ___ Age ___ Sex ___	_____	Victim 3: Minor ___ Age ___ Sex ___	Victim 4: Minor ___ Age ___ Sex ___
2. _____	_____	_____	Minor ___ Age ___ Sex ___
Victim 2: Minor ___ Age ___ Sex ___	_____	Victim 3: Minor ___ Age ___ Sex ___	Victim 4: Minor ___ Age ___ Sex ___
3. _____	_____	_____	Minor ___ Age ___ Sex ___
Victim 2: Minor ___ Age ___ Sex ___	_____	Victim 3: Minor ___ Age ___ Sex ___	Victim 4: Minor ___ Age ___ Sex ___

Release Date: _____ **Number of Victims:** _____ **Type of Release:** _____
____ State Probation ____ State Parole ____ What state? ____ Federal Probation ____ Federal Parole
____ Private Probation ____ County Probation ____ Interstate Compact ____ Expiration of Sentence No Supervised Release
____ Expiration of Sentence to Lifetime Supervision
Released to: ____ Federal Correctional Facility ____ Another State Correctional Facility ____ County Jail

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: Sexual Offender Violent Sexual Offender **Status** _____

**TENNESSEE VIOLENT JUVENILE SEXUAL OFFENDER
REGISTRATION / VERIFICATION / TRACKING FORM**

SECTION I – PLEASE READ CAREFULLY BEFORE SIGNING:

_____ I acknowledge I have read and understand the requirements.
 X 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 & Time Signed

Printed Name of Reporting Officer

Signature of Reporting Officer

Date & 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