

**TENNESSEE SEXUAL OFFENDER / VIOLENT 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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p><b>SECTION B - Primary Address: P. O. BOX NOT ACCEPTABLE</b></p> <p>Street _____ Apt/Lot # _____</p> <p>City _____ County _____ State _____ Zip _____</p> <p>Phone #: _____ Start Date: _____</p> <p>Minors residing at residence: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Agency to be notified: _____</p> <p>Country: _____</p>	<p><b>Secondary Address or Place of Physical Presence: P. O. BOX NOT ACCEPTABLE</b></p> <p>Street _____ Apt/Lot # _____</p> <p>City _____ County _____ State _____ Zip _____</p> <p>Phone #: _____ Start Date: _____</p> <p>Minors residing at residence: <input type="checkbox"/> Yes <input type="checkbox"/> No End Date: _____</p> <p>Agency to be notified: _____</p> <p>Country: _____</p>
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<p><b>Mailing Address:</b></p> <p>Street _____ Apt/Lot # _____</p> <p>P. O. Box _____</p> <p>City _____ County _____ State _____ Zip _____</p> <p><input type="checkbox"/> Resident of Nursing Home/Assisted Living    <input type="checkbox"/> Homeless</p> <p>Country: _____</p>	<p><b>Closest Living Relative:</b></p> <p>Name: _____</p> <p>Street _____ Apt/Lot # _____</p> <p>City _____ County _____ State _____ Zip _____</p> <p>Phone # _____ Relationship: _____</p> <p>Country: _____</p>
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<p><b>SECTION C – Vehicle, Mobile Home, Trailer or Manufactured Home</b></p> <p>VIN #: _____ Registered to: _____</p> <p>License Tag #: _____ State: _____</p> <p>Description (color/make/model): _____</p> <p>_____</p>	<p><b>Vessel, Live-Aboard Vessel, or Houseboat:</b></p> <p>Hull ID#: _____ Name of Vessel: _____</p> <p>Registration #: _____ Registered to: _____</p> <p>Description (color/make/model): _____</p> <p>_____</p>
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Offender Initials \_\_\_\_\_

Date \_\_\_\_\_

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**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**

<u>Date of Offense:</u>	<u>Conviction Offense:</u>	<u>Offense Location (County &amp; State):</u>	<u>Victim</u>
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** \_\_\_\_\_

Offender Initials \_\_\_\_\_

Date \_\_\_\_\_

