

State of Arkansas Sex Offender Registration Form

Reporting this information is required by ACA §12-12-904. This form shall be sent to the Arkansas Crime Information Center within 3 days after completion for entry into the state and national Sex Offender Registration Files.

Type or Print <u>Black Ink Only</u>				Sentencing Court				Registered as: Sex Offender <input type="checkbox"/>			
(Check Box) Sexually Violent Predator <input type="checkbox"/>											
Offender's Last Name		First Name		Middle Name		AKA or Alias Last Name		First Name		Middle Name	
Date of Birth		Race	Sex	Height Ft In		Weight	Hair Color	Eye Color	Social Security #		
State Ident # (Arkansas SID)		F B I # (if available)		Driver License #			ID Card #		State of DL or ID Card		
Scars/Marks/Tattoos											

Sex or Child Offense Information (If additional space is needed, list on separate sheet and attach to this form)

Date of Arrest	Arresting Agency	Offense for which found guilty or acquitted by reason	Arrest Tracking #
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Institute of Higher Education (known or anticipated) (If currently attending/volunteering/ employed, check here)

Name of Institute	Location
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Residence Address (known or anticipated)

Mailing Address (if different from residence, for example P.O.Box)

Street #, Street Name; RR # & Box; Apt #; Mobile Home # <u>(Do not use P.O. Box here)</u>					Street #, Street Name; RR # & Box; Apt #; Mobile Home # or P.O. Box #			
City	County	State	Zip	Phone #	City	State	Zip	

Place of Employment

Name of Employer (company and/or individual)	Street #, Street Name/ RR# & Box	City	State	Zip	Phone #
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Brief Description of the Crime(s) for which this registration is required

Victim Information	<u>Age</u> Victim 1	<u>Race</u> Victim 1	<u>Sex</u> Victim 1	Offender <u>Relationship</u> to Victim 1	<u>Age</u> Victim 2	<u>Race</u> Victim 2	<u>Sex</u> Victim 2	Offender <u>Relationship</u> to Victim 2

Acknowledgement by Offender

I hereby acknowledge that I have been advised of my duty to register as a sex or child offender, or sexually violent predator, as required by Arkansas ACA §12-12-904. I have also been advised that failure to regularly verify my address or failure to report any change of address as required under ACA §12-12-904 constitutes a Class C felony and may result in my subsequent arrest and prosecution.

(Required information)

Registering Agency or Court one)		<u>Campus Registration?</u> YES NO (circle)	
Address		City and Zip	
Name (Printed) of official completing this form		Area Code & Phone #	

Signature of Offender

Date

This Form shall be faxed or mailed to the **Arkansas Crime Information Center, One Capitol Mall, Little Rock, AR 72201. FAX 501-683-5592** Failure to complete and forward to ACIC within 3 days after registering an offender is a Class B Misdemeanor under ACA § 12-12-904.