

# STATE OF SOUTH DAKOTA SEX OFFENDER REGISTRATION

DCI USE ONLY: STATE REGISTRATION NUMBER \_\_\_\_\_

TYPE OF REGISTRATION: INITIAL \_\_\_ RE-REGISTRATION \_\_\_ ADDRESS CHANGE \_\_\_

## NAME/IDENTIFICATION INFORMATION

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

ALIAS: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: \_\_\_ RACE: \_\_\_ HT: \_\_\_\_\_ WT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYE: \_\_\_\_\_

## CURRENT ADDRESS INFORMATION

PHYSICAL ADDRESS: \_\_\_\_\_  
STREET NUMBER STREET NAME CITY COUNTY ZIP

MAILING ADDRESS: \_\_\_\_\_  
(IF DIFFERENT THAN ABOVE PHYSICAL ADDRESS i.e. PO BOX)

PHONE NUMBER (S): HOME#: \_\_\_\_\_ CELL # \_\_\_\_\_

ESTABLISHED DATE OF RESIDENCE: \_\_\_\_\_ EXPECTED LENGTH OF STAY: \_\_\_\_\_

## SECONDARY &/OR PREVIOUS ADDRESS

FORMER ADDRESS: \_\_\_\_\_  
STREET NUMBER STREET NAME CITY COUNTY ZIP

HOW LONG AT FORMER ADDRESS: \_\_\_\_\_

## EMPLOYMENT INFORMATION

NAME OF EMPLOYER: \_\_\_\_\_

EMPLOYMENT ADDRESS: \_\_\_\_\_  
STREET NUMBER STREET NAME CITY COUNTY ZIP

EMPLOYMENT PHONE NUMBER: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

## SCHOOL EMPLOYMENT/STUDENT INFORMATION (ONLY IF CURRENTLY EMPLOYED/ENROLLED)

NAME OF SCHOOL OR EDUCATIONAL INSTITUTION: \_\_\_\_\_

ADDRESS/CITY/COUNTY/STATE: \_\_\_\_\_

SCHOOL PHONE NUMBER: \_\_\_\_\_ OCCUPATION/VOCATION: \_\_\_\_\_

DATE OF ENROLLMENT: \_\_\_\_\_ DATE OF COMPLETION: \_\_\_\_\_

## DRIVERS LICENSE / VEHICLE INFORMATION

DRIVERS LICENSE # / ID # : \_\_\_\_\_ DL/ID STATE: \_\_\_\_\_

VEHICLE LICENSE PLATE # (of any vehicle you own) \_\_\_\_\_

VEHICLE LICENSED STATE: \_\_\_\_\_ VEHICLE COLOR: \_\_\_\_\_ VEHICLE MAKE: \_\_\_\_\_

VEHICLE MODEL: \_\_\_\_\_ VEHICLE YEAR: \_\_\_\_\_

**REGISTRANT'S NAME:** \_\_\_\_\_

**LIST ALL FELONY CONVICTIONS**, in any jurisdiction, for crimes committed as an adult and sex offense convictions and adjudications subject to sex offender registration requirements.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CURRENT STATUS INFORMATION**

PRISON INMATE: YES NO JUVENILE IN PLACMENT BY DEPT OF CORRECTIONS: YES NO

CITY/COUNTY JAIL: YES NO DETAINEE IN JUVENILE DETENTION CENTER: YES NO

PROBATION / PAROLE: circle one AFTER CARE: YES NO START DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME OF SUPERVISING AGENT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME OF FACILITY: \_\_\_\_\_

START DATE: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HAVE YOU EVER RECEIVED SEX OFFENDER TREATMENT? YES NO

COMMUNITY SAFETY ZONE RESTRICTIONS: \_\_\_\_\_

**ALL** INTERNET ACCOUNT(S): \_\_\_\_\_

**ALL** INTERNET USER NAME(S) ; SCREEN NAME (S); ALIAS : \_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND THAT I AM REQUIRED TO REGISTER **BI-ANNUALLY** WITH THE APPROPRIATE LAW ENFORCEMENT AGENCY WITHIN THE STATE OF SOUTH DAKOTA PER SDCL 22-24B-7. THE MONTHS I AM REQUIRED TO REGISTER ARE CIRCLED BELOW: Law Enforcement circle appropriate months

JANUARY & JULY

FEBRUARY & AUGUST

MARCH & SEPTEMBER

APRIL & OCTOBER

MAY & NOVEMBER

JUNE & DECEMBER

CHANGE OF ADDRESS REQUIRES IN PERSON WRITTEN NOTIFICATION TO PROPER LAW ENFORCEMENT AGENCIES WITHIN **FIVE (5) DAYS** OF RELOCATION, INCLUDING MOVES OUT OF STATE. REGISTRATION MUST ALSO BE UPDATED WITH THE REGISTERING LAW ENFORCEMENT AGENCY AS REQUIRED BY LAW. CRIMINAL PENALTIES EXIST FOR FAILURE TO COMPLY. A VIOLATION OF THIS REQUIREMENT IS A CLS 6 FELONY, ANY SUBSEQUENT VIOLATION IS A CLS 5 FELONY.

I CERTIFY THE INFORMATION I HAVE FURNISHED IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE REPORTING IS A CRIMINAL OFFENSE AND THAT PROVIDING FALSE INFORMATION WILL BE CONSIDERED FAILURE TO COMPLY WITH SDCL 22-24B-1 THROUGH 22-24B-32, THUS SUBJECTING ME TO CRIMINAL PENALTIES. A VIOLATION OF THE REGISTRATION LAWS ARE A CLS 6 FELONY, ANY SUBSEQUENT VIOLATIONS ARE CLS 5 FELONIES.

DATE: \_\_\_\_\_ OFFENDER SIGNATURE: \_\_\_\_\_

**REGISTRANT'S NAME:** \_\_\_\_\_

**REGISTRANT'S SOCIAL SECURITY #:** \_\_\_\_\_

**CONTACT INFORMATION**

LIST A NEXT OF KIN CONTACT

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET NUMBER STREET NAME CITY COUNTY ZIP

LIST TWO LOCAL CONTACTS

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET NUMBER STREET NAME CITY COUNTY ZIP

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET NUMBER STREET NAME CITY COUNTY ZIP

\*\*\*\*\*

**REGISTERING AGENCY INFORMATION (FOR OFFICIAL USE ONLY)**

SID # \_\_\_\_\_ FBI # \_\_\_\_\_

LONGITUDE: \_\_\_\_\_ LATITUDE: \_\_\_\_\_

**CRIME(S) CONVICTION INFORMATION**

- RAPE \_\_\_\_\_ ATTEMPT OF ANY LISTED CRIME (NAME CRIME) \_\_\_\_\_
- FELONY SEXUAL CONTACT WITH A MINOR UNDER 16 \_\_\_\_\_
- SEXUAL CONTACT WITH A PERSON INCAPABLE OF CONSENTING \_\_\_\_\_
- INCEST IF COMMITTED BY AN ADULT \_\_\_\_\_
- POSSESS/MANUFACTURE/DISTRIBUTE CHILD PORNOGRAPHY \_\_\_\_\_
- SALE OF CHILD PORNOGRAPHY \_\_\_\_\_ OTHER / FEDERAL / MILITARY / OUT OF STATE (NAME CRIME) \_\_\_\_\_
- SEXUAL EXPLOITATION OF A MINOR \_\_\_\_\_
- KIDNAPPING OF A MINOR \_\_\_\_\_
- PROMOTION OF PROSTITUTION OF A MINOR \_\_\_\_\_
- CRIMINAL PEDOPHILIA \_\_\_\_\_
- INDECENT EXPOSURE \_\_\_\_\_
- SOLICITATION OF A MINOR \_\_\_\_\_
- FELONY INDECENT EXPOSURE \_\_\_\_\_
- BESTIALITY \_\_\_\_\_

**JUVENILE OFFENSE(S) ADJUDICATION OF:**

- RAPE
- PROMOTION OF PROSTITUTION OF MINOR
- SEXUAL CONTACT WITH A PERSON INCAPABLE OF CONSENTING
- OTHER / FEDERAL / OUT OF STATE, REQUIRING REGISTRATION

DATE OF COMMISSION: \_\_\_\_\_

DATE OF CONVICTION / ADJUDICATION: \_\_\_\_\_

PLACE CONVICTED / ADJUDICATED: \_\_\_\_\_

**OFFENDER VICTIM INFORMATION**

- VICTIM: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ RELATIONSHIP TO OFFENDER: \_\_\_\_\_
- VICTIM: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ RELATIONSHIP TO OFFENDER: \_\_\_\_\_
- VICTIM: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ RELATIONSHIP TO OFFENDER: \_\_\_\_\_
- VICTIM: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ RELATIONSHIP TO OFFENDER: \_\_\_\_\_
- VICTIM: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ RELATIONSHIP TO OFFENDER: \_\_\_\_\_

\*\*ATTACH ADDITIONAL SHEET IF NECESSARY\*\*

**REGISTRANT'S NAME:** \_\_\_\_\_

**REGISTERING AGENCY INFORMATION**

I certify that I have completed and thoroughly reviewed this registration form and have attached the following documentation:

\_\_\_\_\_ Current photograph of subject including date photograph taken.

\_\_\_\_\_ One (1) FBI Fingerprint Card & Palm Print

\_\_\_\_\_ I have submitted a DNA sample to the Forensic Lab on \_\_\_\_/\_\_\_\_/\_\_\_\_ OR sample will be taken and submitted on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_\_ All above information has previously been submitted.

REGISTERING OFFICIAL'S NAME: \_\_\_\_\_

REGISTERING AGENCY NAME: \_\_\_\_\_

REGISTERING AGENCY ORI: \_\_\_\_\_

DATE: \_\_\_\_\_

MAIL ORIGINAL TO:  
DIVISION OF CRIMINAL INVESTIGATION  
GEORGE S MICKELSON BUILDING  
1302 EAST HIGHWAY 14 SUITE 5  
PIERRE, SOUTH DAKOTA 57501-8505