STATE OF SOUTH DAKOTA SEX OFFENDER REGISTRATION

TYPE OF REGISTRATION: INITIAL ___ RE-REGISTRATION ___ ADDRESS CHANGE ___

NAME/IDENTIFICATION INFORMATION

NAME:__________________________________________________________________________
LAST     FIRST   MIDDLE

ALIAS:__________________________________________________________________________


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: ______________
LI ST 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 PLACEMENT 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

<table>
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<tr>
<th>JANUARY &amp; JULY</th>
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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: ____________________________
REGISTRANTS NAME: ________________________________________________________________

REGISTRANTS 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

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REGISTERING AGENCY INFORMATION (FOR OFFICIAL USE ONLY)
SID # ____________________________________ FBI # _________________________________

LONGITUDE: _____________________________ LATITUDE: _____________________________

CRIME(S) CONVICTION INFORMATION
____RAPE
____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
____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 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

Revised 06/27/06