

S V O R



Montana Department of Justice Sexual and Violent Offender Registration Form

FORM MUST BE COMPLETED BY THE AGENCY PLEASE TYPE OR PRINT

1	Current Date:	Form Use:	Form Completed by [name, agency, and telephone]:
		<input type="checkbox"/> Submitting New Registration <input type="checkbox"/> Updating Registration Info <input type="checkbox"/> Correcting Registration Info	
2	Conviction Type:	Offense Type:	Tier Level:
	<input type="checkbox"/> Montana <input type="checkbox"/> Out-of-state <input type="checkbox"/> Federal	<input type="checkbox"/> Sexual <input type="checkbox"/> Violent <input type="checkbox"/> Both	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> None
			Release or Transfer Date:
			Release or Transfer Comments:

3 Last Name:	First Name:	Middle Name:	Date of Birth:
AKA:	Social Security Number:	Montana State ID:	Sex:
		MT	<input type="checkbox"/> M <input type="checkbox"/> F
Driver's License/ID card No./State/ & Any Government Issued ID	Passport License No.	Professional License No. & Type	
Race:	Height:	Weight:	Eye Color: Hair Color:
Scars, Marks, & Tattoos:			

4 Physical Address:	City:	County:	State:	Zip:	Telephone:
Mailing Address:	City:	County:	State:	Zip:	Telephone:
Secondary Address:	City:	County:	State:	Zip:	Telephone:
Secondary Address:	City:	County:	State:	Zip:	Telephone:

5 Employer:	Occupation:	Employment Address:	Telephone:

6 Sentence Date:	Offense/s:	Court Case No:	Place of Sentence [city and state]:

7	Number of Victims:	Victim/s Age:	Victim/s Sex:	Victim Relationship:	Place of Crime [city and state]:
Force Used?		Type of Force:	Other Comments:		
<input type="checkbox"/> Y <input type="checkbox"/> N					

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8	Enrollment or Employment at an Institution of Higher Education:	Name of Institution:			
<input type="checkbox"/> Currently enrolled or employed		Date Started:			
<input type="checkbox"/> Will be enrolled or employed		Date to Begin:			
<input type="checkbox"/> No longer enrolled or employed		Date Completed:			

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***If I am a non-resident worker or student I must give my place of employment, and/or the school I attend, and address in my state of residence.**

Work Address:	City:	County:	State:	Zip:	Telephone:
School Address:	City:	County:	State:	Zip:	Telephone:
Residence Address:	City:	County:	State:	Zip:	Telephone:

Motor Vehicle information for vehicles owned or operated by the offender:

10	License Plate No:	State:	Year:	Make:	Model:	Color:	Owner:	DL No:	State:
							<input type="checkbox"/> Y <input type="checkbox"/> N		
							<input type="checkbox"/> Y <input type="checkbox"/> N		

Watercraft information for watercraft owned by the offender:

11	License Plate No:	State:	Year:	Make:	Model:	Color:	Owner:	Boat Hull #	State:
							<input type="checkbox"/> Y <input type="checkbox"/> N		

Aircraft information for aircraft owned by the offender:

12	N Tail #:	Serial #:	Manufacture Name:		Model:	Owner:	State:
						<input type="checkbox"/> Y <input type="checkbox"/> N	

Electronic Mail Address, Instant Message, Chat or Internet Communication, Name or Other Internet Identity Information that the offender Uses or Intends to use:

13	Email Address	Other Internet Identities (Chat, IM, etc):
14	Additional Information and Comments:	

***Fields for Sexual offenders**

EACH STATEMENT BELOW MUST BE READ TO AND INITIALED BY THE REGISTRANT. Not all statements apply to each registrant. All statements should be initialed to indicate the registrant understands the requirements. Unless otherwise noted, the following statements reflect the requirements as stated in the Montana Codes Annotated, 46-23-Part 5.

- ___ I understand that I am required to provide the Montana Department of Justice a set of registration fingerprints and a current photograph, when necessary, in order to keep my registration current.
- ___ I must register with local law enforcement within 3 business days of entering a county of Montana if: a) I was sentenced for a sexual or violent offense in another state and come to reside in Montana for a period of 10 days or more, or b) I return to Montana after residing out of state; or c) I temporarily work or attend school in Montana for a period of 10 days or more.
- ___ If I am serving a term of confinement with the Department of Corrections, I must register with the Department at least 10 days prior to my release. Upon my release from confinement, I must register with local law enforcement in the county in which I reside within 3 business days after my release.
- ___ If I regularly reside in more than one county, I am required to register with the registration agency of each county or municipality where I reside.
- ___ If I lack a residence and am a transient offender I must register within 3 days of entering a county of Montana. I must report monthly to the law enforcement agency in the county where I live.
- ___ I must appear in person and give notice within 3 business days of changing my name or residence, or my employment, student or transient status to the agency with which I last registered. A Post Office box address is **not** sufficient unless a street address is also provided. If I do not have a street address I must register as a transient and provide a description of the physical locations where I stay.
- ___ If I am gone from my primary county of residence for more than 10 days, I am required to update my registration within 24 hours of entering a new county.
- ___ If I was convicted of a sexual offense, I must register for the rest of my life. After 10 years of registration if I am a level 1 sex offender or 25 years if I am a level 2 sex offender, I may petition the sentencing court or the district court where I reside for an order relieving me of registration. Being released from probation or parole does not automatically relieve my duty to register.
- ___ If I was convicted of a violent offense, I must register for 10 years. If I am convicted of another felony offense during this time I will be required to register for life. I must petition the sentencing court or the district court where I reside for an order relieving me of registration. Release from probation or parole does not automatically relieve my duty to register.
- ___ I will receive a notice for offender verification letter in the mail from the Montana Department of Justice once a year, every 180 days if I was designated a level 2 sex offender or every 90 days if I was designated a level 3 sex offender. I have 10 days to return the letter after signing it before a notary public. If I am a registered sex offender I must return the offender verification letter in person to the agency with which I last registered. At that time a current photograph will be taken. If I have not received an offender verification letter a year from now [or 180 or 90 days from now], I should call 444-2497 for sexual offenders and 444-9877 for violent offenders.
- ___ If I move to another state, I must register in that state within 3 days of my arrival. I must also inform my last registering agency in Montana IN PERSON that I have moved out of their jurisdiction to keep my Montana registration file current. If I move back to Montana, I will be required to register within 3 business days.
- ___ If I fail to register or to keep my registration current and accurate, I could be convicted of a separate felony offense and sentenced to prison for up to 5 years, fined \$10,000, or both.
- ___ I must pay for costs associated with registration. I will be notified of the amount of the costs and to what agency they must be paid.
- ___ I must register in states where I work or attend school.
- ___ I must submit to a DNA sample as required by MCA 44-6-103 and 46-23-504.
- ___ I must notify my primary registration agency 21 days in advance if I intend to travel outside of the United States.

I am required by law to abide by the registration requirements stated in Montana Code Annotate 46-23-Part 5. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE REQUIREMENTS ON THIS FORM, AND UNDERSTAND THE REQUIREMENT OF THE REGISTRY LISTED IN MONTANA ANNOTATED CODE 46-23-PART 5. Failure to comply with the registration requirements is a criminal offense. I declare the above information provided is true and correct.

Please print:
Registrant _____ **Signature** _____ **Date** _____
Witness _____ **Signature** _____ **Date** _____

For court-ordered juveniles registrants, the court documentation MUST accompany this registration form.
Please return this 3-page form to:

**Sex and Violent Offender Registration
 Department of Justice
 PO BOX 201417
 Helena MT 59620-1417**