



MONTANA DEPARTMENT OF JUSTICE

SVOR Change of Information Form

Date: _____ **Time:** _____

Name: _____ **DOB:** _____

Type of Offender: Sexual Violent Both **Date of Residency:** _____

New Information:

Name Change:

(Last)

(First)

(Middle)

New Primary Residence:

(Address)

(City)

(County)

(Zip)

Mailing Address:

(Address)

(City)

(County)

(Zip)

Additional Residence:

(Address)

(City)

(County)

(Zip)

Employment:

(Company)

(Address)

(City)

(County)

(Zip)

Student:

(School)

(Address)

(City)

(County)

(Zip)

Transient Status:

(Address)

(City)

(County)

(Zip)

Phone Numbers:

(phone)

(Cell)

Additional Information :

Social

media/Emails:

According to Montana Code 46-23-505 Notice of change of name or residence or a change in student, employment, or transient status, the offender shall within 3 business days of the change appear in person and give notification of the change to the registration agency with whom the offender last registered. MCA 46-23-507 Penalty. “A sexual or violent offender who knowingly fails to register, verify registration, or keep registration current under this part may be sentenced to a term of imprisonment of not more than 5 years or may be fined not more than \$10,000 or both.”

I affirm that the information provided in this change of address form is complete and accurate.

Offender Name: (Print)

Date

Offender Signature

Witness Name: (Print)

Date

Witness Signature