

JUVENILE SEX OFFENDER REGISTRATION FORM

SHERIFF'S OFFICE NAME:				ORI NUMBER:			
DATE OF REGISTRATION			SRN		DATE OF JUDGE'S ORDER		
OFFENDER LAST NAME		FIRST NAME			MIDDLE OR MAIDEN		SUFFIX
STREET NUMBER		STREET NAME					
COUNTY		CITY			STATE		ZIP
RACE	SEX	DOB	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	
SID	FBI		DNA YES _____ NO _____		DRIVERS LICENSE OR ID NO & STATE		
ALIAS NAMES (LAST NAME, FIRST NAME MIDDLE NAME)							
SCARS, MARKS, TATTOOS							
ID TYPE & NUMBER PHOTO _____ LOCAL _____ OTHER _____						DOC NUMBER	
REMARKS							
1	NC GENERAL STATUTE		OFFENSE			DATE OF OFFENSE	
DATE OF ADJUDICATION		COURT COUNTY & DOCKET #		TYPE/LENGTH OF SENTENCE IMPOSED PROBATION _____ CONFINEMENT _____			
OTHER TYPE OR CONDITIONS OF SENTENCE							
2	NC GENERAL STATUTE		OFFENSE			DATE OF OFFENSE	
DATE OF ADJUDICATION		COURT COUNTY & DOCKET #		TYPE/LENGTH OF SENTENCE IMPOSED PROBATION _____ CONFINEMENT _____			
OTHER TYPE OR CONDITIONS OF SENTENCE							
3	NC GENERAL STATUTE		OFFENSE			DATE OF OFFENSE	
DATE OF ADJUDICATION		COURT COUNTY & DOCKET #		TYPE/LENGTH OF SENTENCE IMPOSED PROBATION _____ CONFINEMENT _____			
OTHER TYPE OR CONDITIONS OF SENTENCE							
COURT COUNSELOR NAME			STREET #	STREET NAME			
COUNTY		CITY			STATE		ZIP
REGISTRANT'S SIGNATURE/DATE			CHIEF COURT COUNSELOR SIGNATURE/DATE				