

State of Arkansas Sex Offender Registration Form

Reporting this information is required by ACA §12-12-904. This form shall be sent to the Arkansas Crime Information Center within 3 days after completion for entry into the state and national Sex Offender Registration Files.

Type or Print (Ink Only)

Sentencing Court

Offender's Last Name			First Name		Middle Name		AKA or Alias Last Name			First Name		Middle Name	
Date of Birth		Race	Sex	Height Ft In		Weight	Hair Color	Eye Color	Social Security #				
AR SID (if offender does not have AR SID please submit 2 sets of prints with registration)				F B I #			Driver License or ID Card #			State of DL or ID Card			
Scars/Marks/Tattoos													
Vehicle used by offender		License #/ state		Make/Model		Color	Owner of vehicle if not offender:						

Sex Offense Information (If additional space is needed, list on separate sheet and attach to this form)

Date of conviction		Arresting Agency			Offense for which found guilty or acquitted by reason				Arrest Tracking #	
Date of conviction		Arresting Agency			Offense for which found guilty or acquitted by reason				Arrest Tracking #	

Institute of Higher Education (known or anticipated) (If currently attending/volunteering/employed, check here)

Name of Institute					Location				
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Residence Information (including houseboat or any type of vessel)

Mailing Address (if different from residence, for example P.O.Box)

Street #, Street Name; RR # & Box; Apt #; Mobile Home # (<u>Do not use P.O. Box here</u>)					Street #, Street Name; RR # & Box; Apt #; Mobile Home # or P.O. Box #				
City		County	State	Zip	Phone #	City		State	Zip
If residence is vessel/vehicle ID number		Color/description			License #	Misc. information			

Place of Employment---date employed_____

Name of Employer (company and/or individual)			Street #, Street Name/ RR# & Box			City	State	Zip	Phone #
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Brief Description of the Crime(s) for which this registration is required (If additional space is needed, list on separate sheet and attach to this form)

Victim Information	Age Victim 1	Race Victim 1	Sex Victim 1	Offender Relationship to Victim 1	Age Victim 2	Race Victim 2	Sex Victim 2	Offender Relationship to Victim 2	

Email address and IM information: (including all screen names used, Myspace, Facebook, etc.)

Acknowledgement by Offender

I hereby acknowledge that I have been advised of my duty to register as a sex offender, or sexually violent predator, as required by Arkansas ACA §12-12-904. I have also been advised that failure to regularly verify my address or failure to report any change of address as required under ACA §12-12-904 constitutes a Class C Felony and may result in my subsequent arrest and prosecution.

(REQUIRED INFORMATION)

Registering Agency or Court one)		Campus Registration?	YES	NO (circle)
Address		City and Zip		
Name (Printed) of official completing this form			Area Code & Phone #	

Signature of Offender

Date signed

This Form shall be faxed or mailed by the criminal justice agency to the **Arkansas Crime Information Center, One Capitol Mall, Little Rock, AR 72201. FAX 501-683-5592** Failure to complete and forward to ACIC by the registering agency within 3 days after registration of an offender is a Class B Misdemeanor under ACA § 12-12-904.