

# Sex Offender Notification Form

## Instructions for Form Completion

### Administration

The Sex Offender Notification Form is used to notify sex offenders of their duty to register. The Law Enforcement Agencies Data System will serve as a repository for the Sex Offender Notification forms throughout Illinois. The Illinois State Police is requesting disclosure of information that is necessary to accomplish their statutory requirements as outlined under Chapter 730 ILCS 150/2. Disclosure of this information is required. The notifying agency is required to enter registrant information into LEADS within 3 working days of registrant providing this information.

### SOR Notification Form Submission

A Sex Offender Notification Form is required to be prepared ONLY on persons convicted or released on probation or parole for any one offense or attempt to commit any one offense under Chapter ILCS 150/2/11-20.1 thru 19.2 and Chapter ILCS 150 ILCS 2/12. 13 thru 12.22 after January 1, 1986.

### SOR Notification Form Completion Instructions

Photo Requested: Attach requested photograph. Write registrant's name, date of birth, race, sex and state identification number on back of photo.

DNA: Signify DNA performed on registrant by making a check mark (X) in the appropriate area.

Conditions of Parole/Probation Attached: Make a check mark (X) in the appropriate area if conditions for parole or probation attached.

Probation, Parole or Other: Mark the status by placing a check mark (X) in the appropriate space provided.

Interstate Compact: Mark if initiated by interstate compact.

Last Name, First Name and Middle Name: Provide the registrant's last, first and middle names.

DOB: Provide the registrant's month, day and year of birth.

Sex: Provide the registrant's gender-male, female, other, unknown.

Race: Mark the registrant's ethnic origin or if appropriate indicate a specific ethnic origin in the other category.

Height: Provide the registrant's height in feet and inches (example 507).

Weight: Provide the registrant's weight in pounds.

Hair Color: Provide the registrant's natural hair color.

Eye Color: Provide the registrant's natural eye color.

Complexion: Provide the registrant's natural complexion color as light, medium, dark, olive etc.

Social Security: Provide the Social Security number(s) used by the registrant.

Scars, marks, tattoos, etc.: Scars, marks, tattoos, deformities, amputations, etc. that are a part of registrants physical description.

Aliases: Provide alias(es) used by the registrant.

Driver's License: Provide the registrant's drivers license number, state of issuance and expiration date.

PQB: Provide the registrant's place of birth.

Illinois Department of Corrections: Provide the Illinois Department of Corrections document number assigned to the registrant (This area is for completion by law enforcement agencies only).

FBI: Provide the Federal Bureau of Investigation identification number assigned the registrant. (This area is for completion by law enforcement agencies only).

State Identification Number: Provide the State Identification number assigned to the registrant (This area is for completion by law enforcement agencies only).

Chicago Arrest Number: Provide the registrant's Chicago Police Department internal records number assigned to the registrant (This area is for completion by law enforcement agencies only).

County/State of Conviction: Provide registrant's original county and state of conviction.

Court of Conviction Case Number: Provide registrant's original court of conviction case number.

Offense-Statute-Citation: Provide registrant's Administrative Office of the Illinois Courts (AOIC) offense code.

Conviction, Release and Expiration Date: Provide the date of conviction, if on probation; and date of release if released, discharged or paroled from IDOC, or other court confinement; and expiration of registration date (10 years from date of conviction or release).

Sentence: Provide registrant's length of sentence and amount of fine.

Victim Under 18 Years of Age: Check "yes" if victim under 18 years of age and "no" if victim is over 18 years of age.

Address Where Offender Will Reside: Record registrants correct address at which he or she is residing (apt, house number, street/route, city, state, zip code).

Vehicle Description: Record registrant's vehicle description (make, model, year of manufacture, color), license plate number and license plate state, and circle one, "owned" or "operated", by.

Telephone Number: Record the registrant's correct telephone number.

County: Record the registrant's correct county of residence.

Probation/Parole Office: Record the registrant's probation or parole office/county.

Local Area of Jurisdiction: Record the name of the local police agency or sheriff department of registrant's city/county of residence.

Read Following to Offender-Offender Must Initial Each: Read each of the lined entries and have the registrant initial each one. Have the registrant read and sign name and date the form.

Thumb Print: Imprint registrant's right thumb print.

Notifying Agency: Record the notifying official's name (print), and signify notifying agency, address, phone number, city, zip code and county, and notifying official's signature and date.

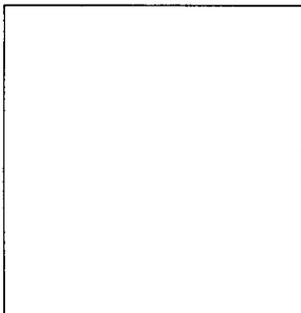
# Sex Offender Registration Act Notification Form

(Photo Requested)

(Please type or print-black ink)

DNA: Yes <input type="checkbox"/> No <input type="checkbox"/>		Conditions of Parole/Probation Attached Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Other _____		Interstate Compact <input type="checkbox"/>		
*Name _____					DOB: _____		Sex _____	Race _____
Last _____		First _____		Middle _____		Mo. _____	Day _____	Yr. _____
Hgt. _____	Wgt. _____	Eye _____	Hair _____	Complexion _____		SSN _____		
Scars/Marks/Tattoos _____								
Aliases _____								
DLN: _____					POB _____			
Driver's License No. _____			State _____		Expiration Date _____			
DOC No. _____		FBI No. _____		SID No. _____		CHGO. IR No. _____		
County/State of Conviction _____					Court Case No. _____			
Offense-Statute-Citation _____					Date of Conviction: _____			
Sentence _____			Victim Under 18 Years of Age Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Release: _____			
					Expiration Date: _____			
Address Where Offender Will Reside _____								
House No./Apartment No. _____		Street Name _____			City Name _____		State/Zip _____	
Vehicle: _____								
(Make) _____		(Model) _____		(Year) _____		(Color) _____		Owner-Operator (Circle One)
Telephone _____		County _____		Probation/Parole Office _____				
Local Area of Jurisdiction (City/County) _____								
<p><b>Duty To Register.</b></p> <p><b>Read Following to Offender-Offender Must Initial Each</b></p> <p>____ You are subject to the following for 10 years from <b>conviction or release date.</b></p> <p>____ You must, within 30 days of conviction or release date, register in person with the police chief or if none, the sheriff having jurisdiction of your residence address.</p> <p>____ You must, within 10 days of changing your residence address, notify in writing the law enforcement agency with whom you last registered, of your new address.</p> <p>____ You must, within 30 days of changing your residence address, or staying temporarily at a location other than your registered address and that temporary stay will exceed a total of 30 days, register in person with the police chief or if none, the sheriff having jurisdiction of the new or temporary residence address.</p> <p>____ You must renew your registration in person with the law enforcement agency with whom you last registered, one year from the date of that registration and every year thereafter.</p> <p>____ Failure to register or other violation of the sex offender act shall constitute grounds for parole, probation, mandatory supervised release or conditional release revocation.</p> <p>____ If you move from Illinois you must comply with the registration requirements of your new state of residency.</p> <p>____ Failure to comply with the registration requirements of the Sex Offender Registration Act is a Class 4 Felony.</p> <p><b>I have read and/or had read to me, the above requirements. It has been explained to me and I understand my duty to register and that failure to do so is a criminal offense.</b></p> <p>Signature of registrant _____ Date _____</p>								

\*Shaded areas-required for LEADS entry



Right thumb print

**Enter Record into LEADS**

**Original to:**  
**Court of Conviction**

**One copy each to:**  
**Your files**  
**Sex Offender**

*For Additional Information:*  
 Illinois State Police  
 500 Iles Park Place, Suite 400  
 Springfield, Illinois 62718-1002  
 (217) 785-0635

\_\_\_\_\_  
Notifying Official Name (Print)

\_\_\_\_\_  
Notifying Agency

\_\_\_\_\_  
Address Telephone No. \_\_\_\_\_

\_\_\_\_\_  
(City, Zip and County)

\_\_\_\_\_  
Notifying Official Signature Date \_\_\_\_\_