



Tennessee Bureau of Investigation

Sexual Offender / Violent Sexual Offender / Violent Juvenile Sexual Offender

Registration/Verification/Tracking Form



<input type="checkbox"/> Previously Registered <input type="checkbox"/> Initial Registration <input type="checkbox"/> Annual Reporting <input type="checkbox"/> Quarterly Reporting <input type="checkbox"/> Information Update
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SECTION A – Registrant Information	Please Print or Type all Information
Name: _____ DOB: _____ SSN: _____	
Alias(es): _____ City of Birth: _____ State/Country of Birth: _____	
Driver License # _____ State _____ Government ID # _____ Photocopy Made: _____	
TOMIS #: _____ Race: _____ Sex: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____	
Scars, Marks, Tattoos: _____	

SECTION B – Offender's complete electronic mail address information, any instant message, chat, or other Internet communication name or identity information

SECTION B - Primary Address: P. O. BOX NOT ACCEPTABLE Street _____ Apt/Lot # _____ City _____ County _____ State _____ Zip _____ Phone #: _____ Start Date: _____ Minors residing at residence: Yes No (Circle one) Agency to be notified: _____ Country: _____	Secondary Address or Place of Physical Presence: P. O. BOX NOT ACCEPTABLE Street _____ Apt/Lot # _____ City _____ County _____ State _____ Zip _____ Phone #: _____ Start Date: _____ Minors residing at residence: Yes No End Date: _____ Agency to be notified: _____ Country: _____
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Mailing Address: Street _____ Apt/Lot # _____ P. O. Box _____ City _____ County _____ State _____ Zip _____ <input type="checkbox"/> Resident of Nursing Home/Assisted Living <input type="checkbox"/> Homeless Country: _____	Closest Living Relative: Name: _____ Street _____ Apt/Lot # _____ City _____ County _____ State _____ Zip _____ Phone # _____ Relationship: _____ Country: _____
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SECTION C – Vehicle, Mobile Home, Trailer, or Manufactured Home VIN #: _____ Registered to: _____ License Tag #: _____ State: _____ Description (color/make/model): _____ _____	Vessel, Live-Aboard Vessel, or Houseboat: Hull ID#: _____ Name of Vessel: _____ Registration #: _____ Registered to: _____ Description (color/make/model): _____ _____
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SECTION D – Campus Activity Student Employee Volunteer **Start Date:** _____ **End Date:** _____

University/School: _____ Campus: _____ Agency to be Notified: _____

SECTION E – Employment Employed Self-Employed Unemployed **Type of Employment** _____

Employer 1: _____ Contact: _____ Phone #: _____ **Start Date:** _____

Address: _____ **End Date:** _____

Street _____ City _____ County _____ State _____ Zip _____

Employer 2: _____ Contact: _____ Phone #: _____ **Start Date:** _____

Address: _____ **End Date:** _____

Street _____ City _____ County _____ State _____ Zip _____

Agency to be Notified: Employer 1 _____ Employer 2 _____

SECTION F – Offense Information

Date of Offense: _____ **Conviction Offense:** _____ **Offense Location (County & State):** _____ **Victim**

1. _____ Minor ___ Age ___ Sex ___

Victim 2: Minor ___ Age ___ Sex ___ Victim 3: Minor ___ Age ___ Sex ___ Victim 4: Minor ___ Age ___ Sex ___

2. _____ Minor ___ Age ___ Sex ___

Victim 2: Minor ___ Age ___ Sex ___ Victim 3: Minor ___ Age ___ Sex ___ Victim 4: Minor ___ Age ___ Sex ___

3. _____ Minor ___ Age ___ Sex ___

Victim 2: Minor ___ Age ___ Sex ___ Victim 3: Minor ___ Age ___ Sex ___ Victim 4: Minor ___ Age ___ Sex ___

Release Date: _____ **Number of Victims:** _____ **Type of Release:** _____

___ State Probation ___ State Parole ___ What state? ___ Federal Probation ___ Federal Supervised Release
___ Private Probation ___ County Probation ___ Interstate Compact ___ Expiration of Sentence No Supervised Release
___ Expiration of Sentence to Lifetime Supervision
Released to: ___ Federal Correctional Facility ___ Another State Correctional Facility ___ County Jail

SECTION G – Parole/Probation Officer (or person responsible for supervision):

Name/Title: _____ Phone #: _____

Parole/Probation Office: _____ Office Street Address: _____

City: _____ State: _____ County: _____ Zip: _____ Agency to be Notified: _____

SECTION H – Classification:

- Sexual Offender Sexual Offender and Offender Against Children
- Violent Sexual Offender Violent Sexual Offender and Offender Against Children
- Violent Juvenile Sexual Offender Violent Juvenile Sexual Offender and Offender Against Children

Status: _____

SECTION I – PLEASE READ CAREFULLY BEFORE SIGNING:

_____ I acknowledge I have read and understand the requirements, or
_____ The requirements have been read to me and I understand the requirements.

Tennessee Code Annotated 39-16-702(b)(3): a person who, with the intent to deceive, makes any false statement on the TBI Registration Form is guilty of the felony offense of perjury.

_____	_____	_____
Printed Name of Offender	Signature of Offender	Date & Time Signed
_____	_____	_____
Printed Name of Reporting Officer	Signature of Reporting Officer	Date & Time Signed

SECTION J – Contributing Agency Information (Please Print Legibly)

Agency Name: _____ Reporting Officer: _____

Agency Address: _____
Street Address City County State Zip

Phone #: (_____) _____ FAX #: (_____) _____

Criminal History Run: FBI # _____ SID # _____

Photographed? Yes No Fingerprinted? Yes No DNA Collected? Yes No