NORTH DAKOTA OFFENDER REGISTRATION
OFFENDER NOTICE/ACKNOWLEDGEMENT AND REGISTRATION

ND OFFICE OF ATTORNEY GENERAL
SFN 18092 (4-2011)

ORIGINATING AGENCY
Complete Part 1
REGISTERING AGENCY
Confirm/Complete Part 1
Complete Part 2

PART 1

Offender's Name (Last, First, Middle) - Please Print						Date of Birth
Ethnic or Tribal Names			Nicknames or Aliases			
Social Security Number		State Identification Number		FBI Identification Number		Drivers License Number and State
Gender ☐ Male ☐ Female	Height	Weight	Eye Color	Hair Color	Race	Ethnicity
Scars, Marks, or Tattoos						Risk Level if Known

CHOOSE ALL THAT APPLY

☐ I am or will be a first-time registrant in North Dakota.

☐ I have registered in North Dakota before. Most Recent Registering Agency

☐ I have registered, or been required to register, in the following states (other than North Dakota), territories, or countries:

☐ I am currently incarcerated.

Facility Where Incarcerated	
Crime	Projected Release Date

NOTE: You **MUST** appear at the agency of registration within 3 days of release to confirm the information provided on page 1 & 2 and provide additional registration information.

AUTHORIZATIONS AND ACKNOWLEDGEMENT OF REQUIREMENTS

As an offender who is required to register in accordance with NDCC 12.1.32-15, and/or the order of the court, I acknowledge the following registration requirements and authorizations. **INITIAL EACH STATEMENT AFTER READING**.

	1 - I am required to register with the law enforcement agency in the jurisdiction in which I intend to reside WITHIN 3 DAYS OF ENTERING THE CITY OR COUNTY IN WHICH I WILL RESIDE.
	2 - If I reside in another state and work or attend school in North Dakota, I am required to register with the law enforcement agency in the jurisdiction in which I intend to work, attend school, vehicle, or online identity information WITHIN 3 DAYS OF ATTENDING CLASSES OR BEGINNING EMPLOYMENT.
	3 - If I intend to change my residence, school, or work address, I must notify, in writing, the law enforcement agency where I am registered of my intended new residence, school, work address, vehicle, or online identity information by completing a Change or Registration Information Form AT LEAST 10 DAYS PRIOR TO ASSUMING THAT NEW ADDRESS.
	4 - If I am a North Dakota resident and change my residence from one city to another, from one county to another, or between North Dakota and another state, I must register in the new city, county, or state WITHIN 3 DAYS OF OCCUPYING THE NEW RESIDENCE.
	5 - If I reside in another state and I change location of school or work from one city to another, from one county to another, or between North Dakota and another state, I must register in the new city, county, or state WITHIN 3 DAYS OF ATTENDING CLASSES OR BEGINNING EMPLOYMENT.
	6 - If I make any change, I must notify the registering law enforcement agency WITHIN 3 DAYS OF THE EFFECTIVE DATE OF THAT CHANGE, or in the case of a termination of school or employment, within 5 days.
	7 - I understand the Attorney General of North Dakota or his designee may require me to periodically confirm any and all registration information, including providing a new photo, either in person or in another manner as he determines appropriate.
	8 - Except to vote in a school building used as a public polling place, or to attend an open meeting under chapter 44-04 held in a school building, I understand that I may not knowingly enter the real property of a public or non-public elementary, middle, or high school unless allowed on school property in compliance with a written policy adopted by the school board of a public school or the governing body of a non-public school.
	9 - I understand I may request a copy of a school's policy by contacting the school via phone or mail and that I must abide by that school's policy.

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	10 - I understand that if no written policy exists regarding entering the real property of a public or non-public elementary, middle, or high school, I may enter the real property of the school under any of the following conditions: A -- I am the parent or guardian of a student attending the school and I have written permission of the school board or governing body of the schoo to attend a conference with school personnel to discuss the progress of the student academically or socially; participate in a child review conference in which evaluation and placement decisions may be made regarding special education services; or attend a conference to discuss other student issues, including retention and promotion. B -- I am the parent, guardian, or relative of a student attending or participating in a function at the school and I requested and received advance permission from the school board or governing body to attend the school function. C -- I am a student at the school with the written permission of the school board or governing body. D -- The school board or governing body allows me to be on school property on a case-by-case basis.
	11 - I understand that a change of plea after probation on a deferred imposition does not affect my duty to register. If I have received a Governor's pardon, or if my conviction was overturned by appeal or post-conviction action, or if a North Dakota court expressly exempted me from having to register, I must provide supporting written documentation from the court or Governor's office and a phone number for that entity to: Offender Registration Staff, PO Box 1054, Bismarck ND 58502.
	12 - I will abide by all registration requirements set forth in NDCC 12.1.32-15.
	13 - I understand that failure to comply with registration requirements or providing false information on this or any other registration documents is a Class C felony, which will result in revocation of my parole or probation and a term of at least 90 days in jail and one year probation.
	14 - I understand that juvenile records, treatment records, police and correctional records, and any other necessary documents are required to assess my risk level. I understand that failure to authorize release of this information may result in a higher risk level because of the inability to confirm treatment success and/or evaluate the severity of criminal activity.

I AM REQUIRED TO REGISTER FOR THE FOLLOWING CRIMES:

Offense 1 (include NDCC section violated)			Date Convicted	Facility Where Incarcerated for THIS CRIME	Date Released
Victim 1	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Court of Record	
Victim 2	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Prosecuting Attorney	
Offense 2 (include NDCC section violated)			Date Convicted	Facility Where Incarcerated for THIS CRIME	Date Released
Victim 1	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Court of Record	
Victim 2	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Prosecuting Attorney	
Offense 3 (include NDCC section violated)			Date Convicted	Facility Where Incarcerated for THIS CRIME	Date Released
Victim 1	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Court of Record	
Victim 2	Age	Gender ☐ Male ☐ Female	Relationship to Offender	Prosecuting Attorney	

I PLAN TO RESIDE AT:

Residence Address (Physical address required - PO Box or "Homeless" is NOT sufficient)

Facility or "Care of" Name (if applicable)	County		Occupancy Date
Street Address (include apartment or unit number)	City	State	Zip Code
Home Telephone Number	Cell Phone Number		
Mailing Address - provide ONLY if different from primary residence			
Special Directions to Residence, if necessary			
Prior Residence Address			

Offender's Name (Last, First, Middle)	Date of Birth

I PLAN TO BE EMPLOYED AT: (Write NONE if not employed)

Employer 1 - Company Name	Contact Name	Telephone Number	Start Employment Date
Street Address (physical location of work)	City	State	Zip Code
Employer 2 - Company Name	Contact Name	Telephone Number	Start Employment Date
Street Address - (physical location of work)	City	State	Zip Code
Employer 3 - Company Name	Contact Name	Telephone Number	Start Employment Date
Street Address - (physical location of work)	City	State	Zip Code

I PLAN TO ATTEND SCHOOL AT: (Write NONE if not attending school)

School Name		Telephone Number	Start Class Date
Street Address	City	State	Zip Code

Type of Enrollment

☐ Full Time ☐ Part Time ☐ Online with periodic visits to school

I READ, OR HAD READ TO ME, AND I UNDERSTAND THE ABOVE REGISTRATION REQUIREMENTS.

Offender's Signature	Date

Originating Agency	Originating Agency's Representative - Please Print

PART 2

AUTOMOBILES, WATERCRAFT, OR PLANES I OWN OR OPERATE ☐ None

Make	Model	Year	Color	State	License Plate Number	Owner
Vehicle's Permanent/Frequent Location						
Make	Model	Year	Color	State	License Plate Number	Owner
Vehicle's Permanent/Frequent Location						
Make	Model	Year	Color	State	License Plate Number	Owner
Vehicle's Permanent/Frequent Location						

COMPUTER/INTERNET INFORMATION

Email Address	Social Page or Chat Room and Screen Name Used
Email Address	Social Page or Chat Room and Screen Name Used
Internet Service Provider	Social Page or Chat Room and Screen Name Used

Offender's Signature	Date

Originating Agency	Originating Agency's Representative

Offender's Name (Last, First, Middle)	Date of Birth

PROFESSIONAL LICENSURE INFORMATION

Individual's Name			
Association Name			Telephone Number
Association's Street Address	City	State	Zip Code
License Number	Expiration Date		

TO BE SIGNED BY OFFENDER AT THE LAW ENFORCEMENT AGENCY WHICH IS REGISTERING THE OFFENDER

I, the undersigned, hereby register in accordance with North Dakota state law. I acknowledge that I must maintain this registration for a minimum of 15 years. Dependant on my risk level and the number and type of registerable convictions I have, I may be required to register for 25 years to life.

Offender's Signature	Date

Originating Agency	Originating Agency's Representative - Please Print

Forward to Offender Registration, PO Box 1054, Bismarck ND 58502 - Copies of original registration to: Originating Agency, Registering Agency, and Offender

☐ Original Copy ☐ New Photo ☐ Palm Print Card ☐ Photocopy of Drivers License

☐ FBI Fingerprint Card (may be omitted IF submitted with prior registration from this jurisdiction)

DNA Requirements

☐ Confirm via CWIS that DNA is in the North Dakota DNA database. If not in database, collect and submit DNA sample to the North Dakota State Crime Laboratory.

Offender's Signature	Date

Originating Agency	Originating Agency's Representative

Please provide a copy of your Driver's License and professional Licensure