

# KANSAS OFFENDER REGISTRATION FORM



INITIAL REGISTRATION

REGISTRATION UPDATE

DUAL REGISTRATION

For Use by the SO	
Birth month	_____
2nd Req Visit	_____
3rd Req Visit	_____
4th Req Visit	_____

PLEASE PRINT OR TYPE ALL INFORMATION

## OFFENDER INFORMATION

REGISTERING AGENCY NAME				AGENCY ORI NUMBER				REGISTRATION DATE			
SOP NUMBER (FOR KBI USE ONLY)				KBI NUMBER		FBI NUMBER		COURT DETERMINED SEXUAL PREDATOR YES <input type="checkbox"/> NO <input type="checkbox"/>			
NAME OF OFFENDER LAST		SFX		FIRST		MIDDLE		SOCIAL SECURITY NUMBER			
ALIAS NAME LAST		SFX		FIRST		MIDDLE		DATE OF BIRTH		CITY AND STATE OF BIRTH	
MONIKERS/PSEUDONYMS/ETHNIC OR TRIBAL NAMES						PASSPORT NUMBER			IMMIGRATION NUMBER		
RACE	SEX	ETHNICITY	SKIN TONE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	BLOOD TYPE		DOC NUMBER	
SCARS / MARKS / TATTOOS (Location & Description)											

MENTAL HEALTH TREATMENT: PLEASE EXPLAIN ANY TREATMENT RECEIVED FOR MENTAL ABNORMALITY OR PERSONALITY DISORDER

## VEHICLE INFORMATION

DRIVERS LICENSE/ID NUMBER		STATE	EXP. DATE	LICENSE PLATE NUMBER		STATE REGISTERED	LICENSE PLATE TYPE	LICENSE PLATE EXP DATE			
VEHICLE IDENTIFICATION NUMBER		VEHICLE TYPE	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR				
VEHICLE USE			GENERAL PARKING LOCATIONS								
AIRCRAFT/WATERCRAFT LICENSE PLATE NUMBER						STATE REGISTERED	LICENSE PLATE TYPE	LICENSE PLATE EXP DATE			
VEHICLE IDENTIFICATION NUMBER		VEHICLE TYPE	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR				
VEHICLE USE			GENERAL PARKING LOCATIONS								

## ADDRESS INFORMATION

CURRENT PHYSICAL RESIDENCE		STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE NUMBER	
LOCATION START DATE		LOCATION END DATE		ALTERNATE PHONE NUMBER(S)					
MAILING ADDRESS		STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE NUMBER	
LOCATION START DATE		LOCATION END DATE		ALTERNATE PHONE NUMBER(S)					
TEMPORARY OR ANTICIPATED		STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE NUMBER	
LOCATION START DATE		LOCATION END DATE		ALTERNATE PHONE NUMBER(S)					

## EMPLOYMENT INFORMATION

OCCUPATION / JOB TITLE		CURRENT OR ANTICIPATED PLACE OF EMPLOYMENT				NAME OF SUPERVISOR	
WORK ADDRESS		STREET	CITY	COUNTY	STATE	ZIP	PHONE
EMPLOYMENT START DATE		EMPLOYMENT END DATE					
PROFESSIONAL LICENSE/CERTIFICATION		LICENSE NUMBER		LICENSE TYPE	ISSUING AGENCY	ISSUING STATE	EXPIRATION DATE

**SCHOOL INFORMATION**

NAME OF CURRENT OR ANTICIPATED EDUCATIONAL INSTITUTION:

STREET

CITY

COUNTY

STATE

ZIP

PHONE

ATTENDANCE START DATE

ATTENDANCE END DATE

**INTERNET INFORMATION**

ALL EMAIL ADDRESSES/ONLINE IDENTITIES/PERSONAL WEB PAGES/SCREEN NAMES/SITE AFFILIATIONS/DESIGNATIONS

**CRIMINAL INFORMATION**

OFFENSE(S) DESCRIPTION

STATUTE NUMBER

DATE OF OFFENSE

DATE OF CONVICTION

CITY, COUNTY, STATE OF ADJUDICATION/CONVICTION

COURT CASE NUMBER

SEX OF VICTIM

AGE OF VICTIM

PAROLE OR PROBATION OFFICER'S NAME

PHONE

NAME OF PERSON THAT REGISTERED THE OFFENDER

COMMENTS

PHONE

**ATTENTION! BEFORE SIGNING, READ ACKNOWLEDGEMENT OF THE OFFENDER**

I have reviewed the Acknowledgement of the Offender and understand these duties under the Kansas Offender Registration Act.

I have provided truthful information which is contained above. I declare, verify and certify under the penalty of perjury that the foregoing is true and correct, executed on \_\_\_\_\_ (date).

SIGNATURE OF REGISTRANT:

\_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF WITNESS:

\_\_\_\_\_ DATE \_\_\_\_\_

**REGISTERING LAW ENFORCEMENT AGENCY: RETAIN THE ORIGINAL FOR YOUR RECORDS AND PROVIDE A COPY TO THE OFFENDER. MAIL COPY TO: THE KANSAS BUREAU OF INVESTIGATION, OFFENDER REGISTRATION AT 1620 SW TYLER, TOPEKA, KS 66612-1837.**

Revised 06/2011

INITIAL  
BELOW

## ACKNOWLEDGEMENT OF THE OFFENDER

- \_\_\_\_\_ 1. I have been convicted or adjudicated of a crime that requires registration under the Kansas Offender Registration Act, K.S.A. 22-4901 et seq., hereafter referred to as "the Act", and must honor all duties specified by the Act.
- \_\_\_\_\_ 2. At the time of conviction or adjudication, the court will complete a notice of duty to register if I am released prior to sentencing. Within three (3) days, I will report to the registering law enforcement agency in the county or tribal land of conviction or adjudication and to the registering law enforcement agency in any place where I reside, maintain employment or attend school, to complete the registration form.
- \_\_\_\_\_ 3. If in the custody of a correctional facility, I will register with the correctional facility within three business days of initial custody and shall not be required to update such registration until released from custody, granted work release or otherwise allowed to leave the grounds of the correctional facility.
- \_\_\_\_\_ 4. Within three (3) days of coming into any county or location of jurisdiction where I reside or intend to reside, maintain employment or intend to maintain employment, attend school or intend to attend school, I must register with each registering law enforcement agency in the county or location of jurisdiction. Each time I register, I must be photographed, pay a registration fee of \$20, and complete the registration form with all information and updated information required for registration as provided in K.S.A. 22-4907. In addition to the Kansas Offender Registration Act, sex offenders who reside, work or attend school on tribal land shall register pursuant to tribal law. Tribes in the state of Kansas that require registration include the Prairie Band Potawatomi Nation, Iowa Tribe of Kansas and Nebraska and the Kickapoo Tribe in Kansas. Sac and Fox Nation has delegated the registration responsibility to the state of Kansas through the local sheriff's offices, therefore compliance with the Kansas law is sufficient.
- \_\_\_\_\_ 5. I am required to report four times a year in person to the registering law enforcement agency in the county or location of jurisdiction where I reside, maintain employment, or attend school. After initial registration, I must report in the month of my birthday and every third, sixth, and ninth month occurring before and after my birth month.
  - If my birthday is in January, April, July, or October, I am required to report to the registering law enforcement agency in January, April, July, and October.
  - If my birthday is in February, May, August, or November, I am required to report to the registering law enforcement agency in February, May, August, and November.
  - If my birthday is in March, June, September, or December, I am required to report to the registering law enforcement agency in March, June, September, and December.
- \_\_\_\_\_ 6. If I am transient, I must report in person to the registering law enforcement agency of such county or location of jurisdiction in which I am physically present within three business days of arrival in the county or location of jurisdiction. I am required to register in person with the registering law enforcement agency every 30 days, or more often at the discretion of the registering law enforcement agency and provide a list of places where I have slept and otherwise frequented during the period of time since the last date of registration and provide a list of places where I may be contacted and where I intend to sleep and otherwise frequent during the period of time prior to the next required date of registration.
- \_\_\_\_\_ 7. I must register in person upon any commencement, change or termination of residence location, employment status, school attendance or other information within three days of such commencement, change or termination, to the registering law enforcement agency or agencies where last registered and provide written notice to the Kansas bureau of investigation.
- \_\_\_\_\_ 8. If required by out of state law, I will register in any out of state jurisdiction where I reside, maintain employment or attend school.
- \_\_\_\_\_ 9. I am required to immediately renew any Kansas driver's license or state identification card issued to me, and I must annually renew such license or identification card on or before my birthday. The driver's license and identification card shall indicate that I am a registered offender. If maintaining primary residence in Kansas, I must surrender all other driver's licenses and identification cards from other states, territories, and the District of Columbia, except if I am or an immediate family member is maintaining active duty in any branch of the United States military.
- \_\_\_\_\_ 10. If this is my first adult conviction, I must register for fifteen (15) years unless a longer term is specified or present term limits are amended by statute for any of the following: Sexual battery, Adultery if one party is less than 18 years of age, Patronizing a prostitute if one party is less than 18 years of age, Lewd and lascivious behavior if one party is less than 18 years of age, Capital murder, Murder in the first degree, Murder in the second degree, Voluntary manslaughter, Involuntary manslaughter, Criminal restraint if the victim is less than 18 years of age, Any act which has been determined beyond a reasonable doubt to have been sexually motivated, Conviction of any person felony and the court makes a finding on the record that a deadly weapon was used in the commission of such person felony, Unlawful manufacture or attempting such of any controlled substance or controlled substance analog, Possession of ephedrine, pseudoephedrine, red phosphorus, lithium metal, sodium metal, iodine, anhydrous ammonia, pressurized ammonia or phenylpropanolamine, or their salts, isomers or salts of isomers with intent to use the product to manufacture a controlled substance, Unlawful sale of or distribution of a controlled substance. This time period does not include any time incarcerated in any jail or correctional facility or any period of non-compliance with the requirements of the Act. If I am convicted as an adult of a second or subsequent offense(s) covered by the Act, I will be required to register for life. Any conviction for an attempt, conspiracy or solicitation requires registration for the same term as the underlying offense.

If this is my first adult conviction, I must register for twenty-five (25) years unless a longer term is specified or present term limits are amended by statute for any of the following: Criminal sodomy if victim is 16 or more years of age but less than 18 years of age and a member of the same sex or an animal, Indecent solicitation of a child, Electronic solicitation, Aggravated incest, Indecent liberties with a child, Unlawful sexual relations, Sexual exploitation of a child if the victim is 14 or more years of age but less than 18 years of age, Aggravated sexual battery, Promoting prostitution if the prostitute is 14 or more years of age but less than 18 years of age. This time period does not include any time incarcerated in any jail or correctional facility or any period of non-compliance with the requirements of the Act. If I am convicted as an adult of a second or subsequent offense(s) covered by the Act, I will be required to register for life. Any conviction for an attempt, conspiracy or solicitation requires registration for the same term as the underlying offense.

I must register for life if I am convicted of any of the following crimes: Rape, Aggravated indecent solicitation of a child, Aggravated indecent liberties with a child, Criminal sodomy if the victim is 14 or more years of age but less than 16 years of age or animal, Aggravated criminal sodomy, Aggravated human trafficking, Sexual exploitation of a child if the victim is less than 14 years of age, Promoting prostitution if the prostitute is less than 14 years of age, Kidnapping, Aggravated kidnapping, Any person who has been declared a sexually violent predator pursuant to K.S.A. 59-29a01 et seq. Any conviction for an attempt, conspiracy or solicitation requires registration for the same term as the underlying offense.

- \_\_\_\_\_ 11. If adjudicated as a juvenile and required to register by law for an act which if committed by an adult would constitute a sexually violent crime set forth in subsection (c) of K.S.A. 22-4902, and amendments thereto, and such crime is not an off-grid felony or a felony ranked in severity level 1 of the nondrug grid as provided in 2010 Session Laws of Kansas, and amendments thereto, or by court order, I must register until eighteen (18) years of age, or for five (5) years from the date of adjudication or release from confinement, whichever date occurs later. This time period does not include time incarcerated in any jail, juvenile facility or correctional facility or any period of non-compliance with the requirements of the Act. As a juvenile, the court may order that my registration not be an open record displayed on the public website. In such cases, it is my duty to provide a copy of the court order to the sheriff at the time of registration.

If I am 14 years of age or more and adjudicated as a juvenile of an offense that if committed by an adult would constitute a sexually violent crime set forth in subsection (c) of K.S.A. 22-4902, and amendments thereto, and such crime is an off-grid felony or a felony ranked in severity level 1 of the non drug grid as provided in 2010 Session Laws of Kansas, and amendments thereto, I shall be required to register for life.

- \_\_\_\_\_ 12. If I reside, maintain employment, or attend school in the state of Kansas on a full-time, part-time, or temporary basis and I have been convicted or adjudicated in an out of state court, or where I was required to register by an out of state law, or if I have been convicted or adjudicated of an offense comparable to a Kansas law that requires registration, I shall register for the same length of time required either by that out of state jurisdiction or by Kansas requirements, whichever term is longer. I must register in person with the registering law enforcement agency in the county or location of jurisdiction where I am residing, maintaining employment, or attending school within three (3) days to complete a registration form.

- \_\_\_\_\_ 13. If receiving inpatient treatment at any treatment facility, inform the treatment facility of my status as an offender and inform the registering law enforcement agency of the county or location of jurisdiction in which the treatment facility is located of my presence at the treatment facility and the expected duration of the treatment.

- \_\_\_\_\_ 14. If I travel outside of the United States, I will report in person to the registering law enforcement agency and provide written notice to the Kansas bureau of investigation 21 days prior to any such travel. I will provide an itinerary including, but not limited to, destination, means of transport and duration of travel.

- \_\_\_\_\_ 15. If I use the internet, I am required to report to the registering law enforcement agency any and all: email addresses; online identities; information relating to membership in any and all personal web pages or online social networks; and internet screen names.

- \_\_\_\_\_ 16. If I fail to register, fail to update my registration, provide any false information or otherwise violate any requirement of the Act, I have committed a violation of the Kansas offender registration Act. A first conviction of a violation of the Kansas offender registration act is a severity level 6, person felony; upon a second conviction, a severity level 5, person felony; and upon a third or subsequent conviction, a severity level 3, person felony. A new and separate offense of non-compliance will occur every 30 days that have elapsed until such time as I comply with the law. Aggravated violation of the Kansas offender registration Act is failing to register for more than 180 consecutive days and is a severity level 3, person felony.

- \_\_\_\_\_ 17. Pursuant to Title 18, United States Code, Section 2250, if a sex offender fails to register or fails to report a change in residence, employment, or student status, and travels in or moves across state lines, the offender can be charged with a federal crime and punished by up to ten (10) years imprisonment.

- \_\_\_\_\_ 18. I understand that if I receive an expungement for the crime that required registration, my registration obligation does not terminate.

I hereby sign this statement to attest and agree that the information contained in my registration form has been provided by me and is true and correct. If I have misrepresented myself, falsified any information, left out critical and truthful information required of me, or interfered with official duties of the law enforcement agency who registered me, I will be held accountable for criminal charges against me and will be punished for the offense(s). I have read the application and I have initialed the relevant areas to indicate I understand them. I verify that I have read the above rules and requirements regarding my registration as an offender, and the requirements have been explained to me, and I completely understand them and the consequence(s) for failure to comply. Further, I have been given the opportunity to have any questions answered today reference my requirements.

Signature of Registrant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

# Kansas Offender Registration Form Instructions

## OFFENDER INFORMATION

- Registering Agency:** Enter the name of the agency registering the offender
- Agency ORI Number:** Enter the registering agency ORI
- Registration Date:** Date the form is being completed
- SOP Number:** If known, enter the offender's SOP number
- KBI Number:** If known, enter the offender's KBI number
- FBI Number:** If known, enter the offender's FBI number
- Court Determined Sexual Predator:** Leave blank
- Name of Offender:** Enter the offender's full legal name
- Social Security Number:** Enter the offender's Social Security Number
- Alias Name:** Enter any other names used by the offender
- Date of Birth:** Enter the offender's legal date of birth
- City and State of Birth:** Enter the name of the city and state where the offender was born
- Monikers/Pseudonyms/Ethnic or Tribal Names:** Enter any other names used by the offender
- Passport Number:** Enter the offender's passport number
- Immigration Number:** Enter the offender's immigration number
- Race:** Enter offender's race as found in the NCIC 2000 Manual
- Sex:** Enter the offender's gender as found in the NCIC 2000 manual
- Ethnicity:** Enter the offender's ethnicity as found in the NCIC 2000 Manual
- Skin Tone:** Enter the offender's skin tone as found in the NCIC 2000 Manual
- Height:** Enter the offender's height
- Weight:** Enter the offender's weight
- Eye Color:** Enter the offender's eye color as found in the NCIC 2000 Manual
- Hair Color:** Enter the offender's hair color as found in the NCIC 2000 Manual
- Blood Type:** Enter the offender's blood type
- DOC Number:** Enter the offender's DOC number as found on KASPER
- Scars/Marks/Tattoos:** Enter the location and description of the offender's scars, marks and tattoos.
- Mental Health Treatment:** Describe any treatment the offender has received for mental abnormality or personality disorder

## VEHICLE INFORMATION

- Drivers License/Identification Card Number:** Enter the offender's drivers license number or identification card number
- State:** Enter the state that issued the offender's drivers license or identification card
- Expiration Date:** Enter the date that the offender's drivers license or identification card expires
- License Plate Number:** Enter the offender's vehicle license plate number
- State Registered:** Enter the state that issued the offender's vehicle license plate
- License Plate Type:** Enter the license type (i.e. disabled tag, veterans tag etc..)
- License Plate Expiration Date:** Enter the date the vehicle license plate expires
- Vehicle Identification Number:** Enter the vehicle identification number
- Vehicle Type:** Enter the type of vehicle
- Vehicle Year:** Enter the year of the vehicle
- Vehicle Make:** Enter the make of the vehicle
- Vehicle Model:** Enter the model of the vehicle
- Vehicle Style:** Enter the style of the vehicle (i.e. 4 door, 2 door, van, truck, etc...)
- Vehicle Color:** Enter the color code of the vehicle as found in the NCIC 2000 manual
- Vehicle Use:** Enter the use of the vehicle (personal, recreational, employment)
- General Parking Locations:** Enter where the vehicle is habitually parked
- Aircraft/Watercraft License Plate Number:** Enter the offender's vehicle license plate number
- State Registered:** Enter the state that issued the offender's vehicle license plate
- License Plate Type:** Enter the license type (i.e. disabled tag, veterans tag etc..)
- License Plate Expiration Date:** Enter the date the vehicle license plate expires
- Vehicle Identification Number:** Enter the vehicle identification number
- Vehicle Type:** Enter the type of vehicle
- Vehicle Year:** Enter the year of the vehicle
- Vehicle Make:** Enter the make of the vehicle
- Vehicle Model:** Enter the model of the vehicle
- Vehicle Style:** Enter the style of the vehicle (i.e. 4 door, 2 door, van, truck, etc...)
- Vehicle Color:** Enter the color code of the vehicle as found in the NCIC 2000 manual
- Vehicle Use:** Enter the use of the vehicle (personal, recreational, employment)
- General Parking Locations:** Enter where the vehicle is habitually parked

## ADDRESS INFORMATION

- Physical Residence Address:** Enter the offender's full current physical address
- Telephone Number:** Enter the offender's telephone number
- Location Start Date:** Enter the date the offender started living at address
- Location End Date:** Enter the date the offender stopped living at address

**Alternate Phone Numbers:** Enter the offender's alternate telephone number (cell phone/mobile phone)

**Mailing Address:** If different from the physical residence address, enter the offender's mailing address

**Telephone Number:** If different from the offender's telephone number, enter the offender's telephone number

**Location Start Date:** Enter the date the offender started using the mailing address

**Location End Date:** Enter the date the offender stopped using the mailing address

**Alternate Phone Numbers:** Enter the offender's alternate telephone number (cell phone/mobile phone)

**Temporary/Anticipated Address:** If different from the physical residence address, enter the offender's temporary or anticipated address

**Telephone Number:** If different from the offender's telephone number, enter the offender's telephone number

**Location Start Date:** Enter the date the offender started using the temporary address or the date they anticipate to move to new address

**Location End Date:** Enter the date the offender stopped using the temporary address or the date they anticipate to move to new address

**Alternate Phone Numbers:** Enter the offender's alternate telephone number (cell phone/mobile phone)

#### EMPLOYMENT INFORMATION

**Occupation/Job Title:** Enter the offender's occupation or job title

**Current or Anticipated Place of Employment:** Enter the offender's place of employment or anticipated place of employment

**Name of Supervisor:** Enter the name of the offender's supervisor

**Work Address:** Enter the full address of the offender's place of employment

**Telephone Number:** Enter the offenders work telephone number

**Employment Start Date:** Enter the date the offender started employment

**Employment End Date:** Enter the date the offender stopped employment

**Professional License/Certification:** Enter the name of the professional license or certification

**License Number:** Enter the professional license or certification number

**License Type:** Enter the type of professional license or certification

**Issuing Agency:** Enter the agency who issued the professional license or certification

**Issuing State:** Enter the state that issued the professional license or certification

**Expiration Date:** Enter the date the professional license or certification expires

#### SCHOOL INFORMATION

**Name of Current/Anticipated Educational Institution:** Enter the name, address and telephone number of the school the offender is attending.

**School Address:** Enter the full address of the offender's location of school

**Telephone Number:** Enter the telephone number of the offender's school

**Attendance Start Date:** Enter the date the offender started school

**Attendance End Date:** Enter the date the offender stopped school

#### INTERNET INFORMATION

**All Email Addresses/Online Identities/Personal Web Pages/Screen Names:** Enter all of the offender's email address and online identities

#### CRIMINAL INFORMATION

**Offense(s) Description:** Enter all of the offender's offenses requiring registration

**Statute Number:** Enter the offense statute number

**Date of Offense:** Enter the offender's date of offense

**Date of Conviction/Adjudication:** Enter the offender's date of the adjudication/conviction

**City, County, State of Adjudication/Conviction:** Enter the city, county, and state of adjudication/conviction

**Court Case Number:** Enter the court case number of the offense requiring registration

**Sex of victim:** Enter the sex of the victim

**Age of victim:** Enter the age of the victim

**Parole or Probation Officer's Name:** If currently supervised, enter the name of the offender's parole or probation officer

**Phone:** Enter the telephone number for the offender's parole or probation officer

**Name of Person that Registered the Offender:** Enter the name of agency personnel assisting the offender in completion of the form

**Comments:** Enter any additional information necessary

**Phone:** Enter the phone number of the agency registering the offender

**IF THE OFFENDER HAS MORE THAN ONE ALIAS NAME, SMT, VEHICLE, EMPLOYER, EMAIL ADDRESS, ONLINE IDENTITY OR OFFENSE USE THE APPLICABLE SUPPLEMENTAL FORM.**

**MAKE SURE THE OFFENDER READS, SIGNS AND DATES THE KANSAS OFFENDER REGISTRATION FORM AND READS, SIGNS AND DATES THE "ACKNOWLEDGMENT OF OFFENDER"**

# KANSAS OFFENDER REGISTRATION FORM

## ALIAS NAMES/DATE OF BIRTH/SOCIAL SECURITY SUPPLEMENTAL SHEET

PLEASE PRINT OR TYPE ALL INFORMATION

REGISTERING AGENCY NAME	AGENCY ORI NUMBER	REGISTRATION DATE
-------------------------	-------------------	-------------------

SOP NUMBER (FOR KBI USE ONLY)	KBI NUMBER	FBI NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
-------------------------------	------------	------------	------------------------	---------------

NAME OF OFFENDER: LAST	FIRST	MIDDLE
------------------------	-------	--------

ALIAS NAMES LAST	FIRST	MIDDLE
------------------	-------	--------

ALIAS NAMES LAST	FIRST	MIDDLE
------------------	-------	--------

ALIAS NAMES LAST	FIRST	MIDDLE
------------------	-------	--------

ALIAS NAMES LAST	FIRST	MIDDLE
------------------	-------	--------

ALIAS NAMES LAST	FIRST	MIDDLE
------------------	-------	--------

ALIAS NAMES LAST	FIRST	MIDDLE
------------------	-------	--------

ALIAS DATE OF BIRTH(S)
------------------------

ALIAS DATE OF BIRTH(S)
------------------------

ALIAS DATE OF BIRTH(S)
------------------------

ALIAS SOCIAL SECURITY NUMBER(S)
---------------------------------

ALIAS SOCIAL SECURITY NUMBER(S)
---------------------------------

ALIAS SOCIAL SECURITY NUMBER(S)
---------------------------------

REGISTERING LAW ENFORCEMENT AGENCY: RETAIN THE ORIGINAL FOR YOUR RECORDS AND PROVIDE A COPY TO THE OFFENDER. MAIL COPY TO: THE KANSAS BUREAU OF INVESTIGATION, OFFENDER REGISTRATION AT 1620 SW TYLER, TOPEKA, KS 66612-1837.





# KANSAS OFFENDER REGISTRATION FORM

## VEHICLES SUPPLEMENTAL SHEET

**PLEASE PRINT OR TYPE ALL INFORMATION**

REGISTERING AGENCY NAME	AGENCY ORI NUMBER	REGISTRATION DATE
-------------------------	-------------------	-------------------

SOP NUMBER (FOR KBI USE ONLY)	KBI NUMBER	FBI NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
-------------------------------	------------	------------	------------------------	---------------

NAME OF OFFENDER: LAST	FIRST	MIDDLE
------------------------	-------	--------

LICENSE PLATE NUMBER	STATE REGISTERED	LICENSE PLATE TYPE	LICENSE PLATE EXP DATE	VEHICLE TYPE
----------------------	------------------	--------------------	------------------------	--------------

VEHICLE IDENTIFICATION NUMBER	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR
-------------------------------	--------------	--------------	---------------	---------------	---------------

VEHICLE USE	GENERAL PARKING LOCATIONS
-------------	---------------------------

LICENSE PLATE NUMBER	STATE REGISTERED	LICENSE PLATE TYPE	LICENSE PLATE EXP DATE	VEHICLE TYPE
----------------------	------------------	--------------------	------------------------	--------------

VEHICLE IDENTIFICATION NUMBER	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR
-------------------------------	--------------	--------------	---------------	---------------	---------------

VEHICLE USE	GENERAL PARKING LOCATIONS
-------------	---------------------------

LICENSE PLATE NUMBER	STATE REGISTERED	LICENSE PLATE TYPE	LICENSE PLATE EXP DATE	VEHICLE TYPE
----------------------	------------------	--------------------	------------------------	--------------

VEHICLE IDENTIFICATION NUMBER	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR
-------------------------------	--------------	--------------	---------------	---------------	---------------

VEHICLE USE	GENERAL PARKING LOCATIONS
-------------	---------------------------

LICENSE PLATE NUMBER	STATE REGISTERED	LICENSE PLATE TYPE	LICENSE PLATE EXP DATE	VEHICLE TYPE
----------------------	------------------	--------------------	------------------------	--------------

VEHICLE IDENTIFICATION NUMBER	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR
-------------------------------	--------------	--------------	---------------	---------------	---------------

VEHICLE USE	GENERAL PARKING LOCATIONS
-------------	---------------------------

LICENSE PLATE NUMBER	STATE REGISTERED	LICENSE PLATE TYPE	LICENSE PLATE EXP DATE	VEHICLE TYPE
----------------------	------------------	--------------------	------------------------	--------------

VEHICLE IDENTIFICATION NUMBER	VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE STYLE	VEHICLE COLOR
-------------------------------	--------------	--------------	---------------	---------------	---------------

VEHICLE USE	GENERAL PARKING LOCATIONS
-------------	---------------------------

REGISTERING LAW ENFORCEMENT AGENCY: RETAIN THE ORIGINAL FOR YOUR RECORDS AND PROVIDE A COPY TO THE OFFENDER. MAIL COPY TO: THE KANSAS BUREAU OF INVESTIGATION, OFFENDER REGISTRATION AT 1620 SW TYLER, TOPEKA, KS 66612-1837.

# KANSAS OFFENDER REGISTRATION FORM

## ADDRESS SUPPLEMENTAL SHEET

PLEASE PRINT OR TYPE ALL INFORMATION

REGISTERING AGENCY NAME	AGENCY ORI NUMBER	REGISTRATION DATE
-------------------------	-------------------	-------------------

SOP NUMBER (FOR KBI USE ONLY)	KBI NUMBER	FBI NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
-------------------------------	------------	------------	------------------------	---------------

NAME OF OFFENDER:	LAST	FIRST	MIDDLE
-------------------	------	-------	--------

ADDITIONAL PHYSICAL RESIDENCE	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
-------------------------------	--------	-------	------	--------	-------	-----	-------

LOCATION START DATE	LOCATION END DATE	
---------------------	-------------------	--

ADDITIONAL PHYSICAL RESIDENCE	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
-------------------------------	--------	-------	------	--------	-------	-----	-------

LOCATION START DATE	LOCATION END DATE	
---------------------	-------------------	--

ADDITIONAL MAILING ADDRESS	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
----------------------------	--------	-------	------	--------	-------	-----	-------

LOCATION START DATE	LOCATION END DATE	
---------------------	-------------------	--

ADDITIONAL MAILING ADDRESS	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
----------------------------	--------	-------	------	--------	-------	-----	-------

LOCATION START DATE	LOCATION END DATE	
---------------------	-------------------	--

ADDITIONAL TEMPORARY ADDRESS	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
------------------------------	--------	-------	------	--------	-------	-----	-------

LOCATION START DATE	LOCATION END DATE	
---------------------	-------------------	--

ADDITIONAL TEMPORARY ADDRESS	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
------------------------------	--------	-------	------	--------	-------	-----	-------

LOCATION START DATE	LOCATION END DATE	
---------------------	-------------------	--

ADDITIONAL ANTICIPATED ADDRESS	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
--------------------------------	--------	-------	------	--------	-------	-----	-------

LOCATION START DATE	LOCATION END DATE	
---------------------	-------------------	--

REGISTERING LAW ENFORCEMENT AGENCY: RETAIN THE ORIGINAL FOR YOUR RECORDS AND PROVIDE A COPY TO THE OFFENDER. MAIL COPY TO: THE KANSAS BUREAU OF INVESTIGATION, OFFENDER REGISTRATION, AT 1620 SW TYLER, TOPEKA, KS 66612-1837.

# KANSAS OFFENDER REGISTRATION FORM

## EMPLOYMENT SUPPLEMENTAL SHEET

**PLEASE PRINT OR TYPE ALL INFORMATION**

REGISTERING AGENCY NAME	AGENCY ORI NUMBER	REGISTRATION DATE
-------------------------	-------------------	-------------------

SOP NUMBER (FOR KBI USE ONLY)	KBI NUMBER	FBI NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
-------------------------------	------------	------------	------------------------	---------------

NAME OF OFFENDER: LAST	FIRST	MIDDLE
------------------------	-------	--------

OCCUPATION / JOB TITLE	CURRENT OR ANTICIPATED PLACE OF EMPLOYMENT	NAME OF SUPERVISOR
------------------------	--	--------------------

WORK ADDRESS	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
--------------	--------	-------	------	--------	-------	-----	-------

EMPLOYMENT START DATE	EMPLOYMENT END DATE	
-----------------------	---------------------	--

OCCUPATION / JOB TITLE	CURRENT OR ANTICIPATED PLACE OF EMPLOYMENT	NAME OF SUPERVISOR
------------------------	--	--------------------

WORK ADDRESS	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
--------------	--------	-------	------	--------	-------	-----	-------

EMPLOYMENT START DATE	EMPLOYMENT END DATE	
-----------------------	---------------------	--

OCCUPATION / JOB TITLE	CURRENT OR ANTICIPATED PLACE OF EMPLOYMENT	NAME OF SUPERVISOR
------------------------	--	--------------------

WORK ADDRESS	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
--------------	--------	-------	------	--------	-------	-----	-------

EMPLOYMENT START DATE	EMPLOYMENT END DATE	
-----------------------	---------------------	--

OCCUPATION / JOB TITLE	CURRENT OR ANTICIPATED PLACE OF EMPLOYMENT	NAME OF SUPERVISOR
------------------------	--	--------------------

WORK ADDRESS	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
--------------	--------	-------	------	--------	-------	-----	-------

EMPLOYMENT START DATE	EMPLOYMENT END DATE	
-----------------------	---------------------	--

OCCUPATION / JOB TITLE	CURRENT OR ANTICIPATED PLACE OF EMPLOYMENT	NAME OF SUPERVISOR
------------------------	--	--------------------

WORK ADDRESS	STREET	APT #	CITY	COUNTY	STATE	ZIP	PHONE
--------------	--------	-------	------	--------	-------	-----	-------

EMPLOYMENT START DATE	EMPLOYMENT END DATE	
-----------------------	---------------------	--

REGISTERING LAW ENFORCEMENT AGENCY: RETAIN THE ORIGINAL FOR YOUR RECORDS AND PROVIDE A COPY TO THE OFFENDER. MAIL COPY TO: THE KANSAS BUREAU OF INVESTIGATION, OFFENDER REGISTRATION AT 1620 SW TYLER, TOPEKA, KS 66612-1837.

# KANSAS OFFENDER REGISTRATION FORM

## EMAIL ADDRESSES AND ONLINE IDENTITIES SUPPLEMENTAL SHEET

PLEASE PRINT OR TYPE ALL INFORMATION

REGISTERING AGENCY NAME		AGENCY ORI NUMBER		REGISTRATION DATE
SOP NUMBER (FOR KBI USE ONLY)	KBI NUMBER	FBI NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH

NAME OF OFFENDER: LAST FIRST MIDDLE

EMAIL ADDRESSES

EMAIL ADDRESSES

EMAIL ADDRESSES

EMAIL ADDRESSES

EMAIL ADDRESSES

EMAIL ADDRESSES

ONLINE IDENTITIES

ONLINE IDENTITIES

ONLINE IDENTITIES

ONLINE IDENTITIES

ONLINE IDENTITIES

ONLINE IDENTITIES

REGISTERING LAW ENFORCEMENT AGENCY: RETAIN THE ORIGINAL FOR YOUR RECORDS AND PROVIDE A COPY TO THE OFFENDER. MAIL COPY TO: THE KANSAS BUREAU OF INVESTIGATION, OFFENDER REGISTRATION AT 1620 SW TYLER, TOPEKA, KS 66612-1837.

# KANSAS OFFENDER REGISTRATION FORM

## OFFENSES SUPPLEMENTAL SHEET

**PLEASE PRINT OR TYPE ALL INFORMATION**

REGISTERING AGENCY NAME	AGENCY ORI NUMBER	REGISTRATION DATE
-------------------------	-------------------	-------------------

SOP NUMBER (FOR KBI USE ONLY)	KBI NUMBER	FBI NUMBER	SOCIAL SECURITY NUMBER	DATE OF BIRTH
-------------------------------	------------	------------	------------------------	---------------

NAME OF OFFENDER: LAST	FIRST	MIDDLE
------------------------	-------	--------

OFFENSE(S) DESCRIPTION	STAUTE NUMBER	DATE OF OFFENSE	DATE OF CONVICTION
------------------------	---------------	-----------------	--------------------

CITY, COUNTY, <b>STATE</b> OF ADJUDICATION/CONVICTION	COURT CASE NUMBER	SEX OF VICTIM	AGE OF VICTIM
---	-------------------	---------------	---------------

OFFENSE(S) DESCRIPTION	STAUTE NUMBER	DATE OF OFFENSE	DATE OF CONVICTION
------------------------	---------------	-----------------	--------------------

CITY, COUNTY, <b>STATE</b> OF ADJUDICATION/CONVICTION	COURT CASE NUMBER	SEX OF VICTIM	AGE OF VICTIM
---	-------------------	---------------	---------------

OFFENSE(S) DESCRIPTION	STAUTE NUMBER	DATE OF OFFENSE	DATE OF CONVICTION
------------------------	---------------	-----------------	--------------------

CITY, COUNTY, <b>STATE</b> OF ADJUDICATION/CONVICTION	COURT CASE NUMBER	SEX OF VICTIM	AGE OF VICTIM
---	-------------------	---------------	---------------

OFFENSE(S) DESCRIPTION	STAUTE NUMBER	DATE OF OFFENSE	DATE OF CONVICTION
------------------------	---------------	-----------------	--------------------

CITY, COUNTY, <b>STATE</b> OF ADJUDICATION/CONVICTION	COURT CASE NUMBER	SEX OF VICTIM	AGE OF VICTIM
---	-------------------	---------------	---------------

OFFENSE(S) DESCRIPTION	STAUTE NUMBER	DATE OF OFFENSE	DATE OF CONVICTION
------------------------	---------------	-----------------	--------------------

CITY, COUNTY, <b>STATE</b> OF ADJUDICATION/CONVICTION	COURT CASE NUMBER	SEX OF VICTIM	AGE OF VICTIM
---	-------------------	---------------	---------------

OFFENSE(S) DESCRIPTION	STAUTE NUMBER	DATE OF OFFENSE	DATE OF CONVICTION
------------------------	---------------	-----------------	--------------------

CITY, COUNTY, <b>STATE</b> OF ADJUDICATION/CONVICTION	COURT CASE NUMBER	SEX OF VICTIM	AGE OF VICTIM
---	-------------------	---------------	---------------

OFFENSE(S) DESCRIPTION	STAUTE NUMBER	DATE OF OFFENSE	DATE OF CONVICTION
------------------------	---------------	-----------------	--------------------

CITY, COUNTY, <b>STATE</b> OF ADJUDICATION/CONVICTION	COURT CASE NUMBER	SEX OF VICTIM	AGE OF VICTIM
---	-------------------	---------------	---------------

OFFENSE(S) DESCRIPTION	STAUTE NUMBER	DATE OF OFFENSE	DATE OF CONVICTION
------------------------	---------------	-----------------	--------------------

CITY, COUNTY, <b>STATE</b> OF ADJUDICATION/CONVICTION	COURT CASE NUMBER	SEX OF VICTIM	AGE OF VICTIM
---	-------------------	---------------	---------------

REGISTERING LAW ENFORCEMENT AGENCY: **RETAIN THE ORIGINAL FOR YOUR RECORDS AND PROVIDE A COPY TO THE OFFENDER. MAIL COPY TO: THE KANSAS BUREAU OF INVESTIGATION, OFFENDER REGISTRATION AT 1620 SW TYLER, TOPEKA, KS 66612-1837.**