Colorado Department of Public Safety
Colorado Bureau of Investigation
Sex Offender Registry
690 Kipling Street
Denver, CO 80215
Phone: (303) 239-4222
Fax: (303) 239-4661

STATE OF COLORADO
SEX OFFENDER REGISTRATION FORM

PLEASE CHECK THE BOX(ES) THAT APPLY:
(CRIMINAL JUSTICE USE ONLY)

☐ **Initial Registration** (courts, or local law enforcement if registrant is from out-of-state)

☐ **Registration Confirmation** (local law enforcement agencies, DOC/DHS, City Jails)
☐ **Re-Registration** (local law enforcement agencies only)
☐ **Registration Cancellation** (local law enforcement agencies only)

DEMOGRAPHIC INFORMATION:

NAME (LAST, FIRST, MIDDLE)						
OTHER NAMES USED						
DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	
ALIEN REGISTRATION NUMBER	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYE
SCARS, MARKS, TATTOOS, PIERCINGS AND OTHER DISTINGUISHING CHARACTERISTICS						

HOME ADDRESS INFORMATION:

Do you currently reside at more than one address? ☐ Yes ☐ No If yes, indicate the total number of addresses ➡

CURRENT HOME ADDRESS

STREET ADDRESS	APT/ROOM NUMBER	CITY	STATE	ZIP CODE
PHONE NUMBER	CELL PHONE/PAGER NUMBER			

ADDITIONAL HOME ADDRESS

PROVIDE BOTH IN-STATE, AND OUT-OF-STATE ADDRESSES. IF NECESSARY, REPORT ADDITIONAL ADDRESSES ON A SEPARATE SHEET OF PAPER.

STREET ADDRESS	APT/ROOM NUMBER	CITY	STATE	ZIP CODE
PHONE NUMBER	CELL PHONE/PAGER NUMBER			

PREVIOUS HOME ADDRESS

PROVIDE YOUR PREVIOUS ADDRESS IF THIS IS THE FIRST TIME YOU ARE REGISTERING WITH THIS CRIMINAL JUSTICE AGENCY, OR IF YOU ARE RELOCATING TO A DIFFERENT ADDRESS.

STREET ADDRESS	APT/ROOM NUMBER	CITY	STATE	ZIP CODE

RELOCATION HOME ADDRESS

FOR REGISTRATION CANCELLATION ONLY: PROVIDE THE ADDRESS WHERE YOU WILL BE RELOCATING. IF YOU HAVE TWO OR MORE RELOCATION ADDRESSES, REPORT THE REMAINING ADDRESSES ON A SEPARATE SHEET OF PAPER.

STREET ADDRESS	APT/ROOM NUMBER	CITY	STATE	ZIP CODE
PHONE NUMBER	CELL PHONE/PAGER NUMBER	DATE OF MOVE (MM/DD/YYYY)		

VEHICLE INFORMATION:

Do you currently *own or operate* more than one vehicle / motorcycle? ☐ Yes ☐ No If yes, indicate the total number of vehicles ➡

Do you reside in a motor vehicle? Yes ☐ No ☐

VEHICLE

COMPLETE THE FOLLOWING INFORMATION REGARDING THE VEHICLES YOU OWN/OPERATE. IF YOU OWN/OPERATE MORE THAN THREE VEHICLES, REPORT THE REMAINING VEHICLES ON A SEPARATE SHEET OF PAPER.

YEAR	MAKE	MODEL	STYLE (2 DOOR/4 DOOR)	VIN	COLOR(S)
LICENSE / TEMP TAG NUMBER	EXPIRATION	LICENSE STATE	NAME OF REGISTERED OWNER		**REGISTRANT'S INITIALS**

ADDITIONAL VEHICLE		COMPLETE THE FOLLOWING INFORMATION REGARDING AN ADDITIONAL VEHICLE YOU OWN/OPERATE, IF APPLICABLE.			
YEAR	MAKE	MODEL	STYLE (2 DOOR/4 DOOR)	VIN	COLOR(S)
LICENSE / TEMP TAG NUMBER	EXPIRATION	LICENSE STATE	NAME OF REGISTERED OWNER		

ADDITIONAL VEHICLE		COMPLETE THE FOLLOWING INFORMATION REGARDING AN ADDITIONAL VEHICLE YOU OWN/OPERATE, IF APPLICABLE.			
YEAR	MAKE	MODEL	STYLE (2 DOOR/4 DOOR)	VIN	COLOR(S)
LICENSE / TEMP TAG NUMBER	EXPIRATION	LICENSE STATE	NAME OF REGISTERED OWNER		

CONVICTION INFORMATION:
TO BE FILLED OUT BY REGISTRANT:

SEX OFFENSE CONVICTION:

CLASS OF CRIME: DATE OF CONVICTION:

CITY, COUNTY & STATE OF CONVICTION:

COURT DOCKET NUMBER:

CRIME ORIGINALLY ARRESTED/CHARGED WITH:

INCARCERATION DATES: from: to WHERE:

DATES OF PROBATION/PAROLE: from: to

PAROLE/PROBATION OFFICER'S NAME:

PAROLE/PROBATION OFFICER'S PHONE NUMBER:

DNA
TO BE FILLED OUT BY REGISTRANT:

DNA SAMPLE AVAILABLE: YES ☐ NO ☐

WHO OBTAINED SAMPLE: DOC ☐ PROBATION ☐ PAROLE ☐ OTHER ☐

IF OTHER EXPLAIN WHO, WHERE, WHEN, AND WHY:

PENDING CRIMINAL CASES:
TO BE FILLED OUT BY REGISTRANT:

ANY CRIMINAL CHARGES PENDING: YES ☐ NO ☐

IF YES EXPLAIN FOR WHAT AND WHERE:

REGISTRANT'S FAMILY INFORMATION:
TO BE FILLED OUT BY REGISTRANT:

NEXT OF KIN NAME: RELATIONSHIP TO YOU:

ADDRESS: CITY: STATE: ZIP:

PHONE #:

CHILD'S NAME: DATE OF BIRTH:

CHILD'S NAME: DATE OF BIRTH:

CHILD'S NAME: DATE OF BIRTH:

ARE THE ABOVE LISTED CHILDREN CURRENTLY LIVING WITH YOU? YES ☐ NO ☐

EMPLOYMENT INFORMATION:

Do you currently have more than one employer? ☐ Yes ☐ No If yes, indicate the total number of employers ➡

CURRENT/PRIMARY EMPLOYER	*IF YOU HAVE MORE THAN ONE EMPLOYER, REPORT THE ADDITIONAL EMPLOYERS ON A SEPARATE SHEET OF PAPER.*		
EMPLOYER'S NAME		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

POST SECONDARY EDUCATION (COLLEGE/TRADE SCHOOL):

Are you currently enrolled, employed, or volunteering at a college or trade school? ☐ Yes ☐ No If yes, indicate the total number of institutions ➡

POST SECONDARY EDUCATIONAL INSTITUTION OF ENROLLMENT/EMPLOYMENT/VOLUNTARY SERVICE	If necessary, report additional colleges/trade schools on a separate sheet of paper.		
☐Student ☐ Employee ☐Volunteer	NAME OF INSTITUTION	PHONE NUMBER	DATE OF INITIAL ENROLL/EMP/VOLUNTEER SVC. (MM/YYYY)
STREET ADDRESS	CITY	STATE	ZIP CODE

By signing below, I attest that I understand and acknowledge my duty to register as a sex offender, as required by the Colorado Sex Offender Registration Act (Title 16, Article 22, Colorado Revised Statutes).

SIGNATURE OF REGISTRANT	PARENT/GUARDIAN SIGNATURE	DATE (MM/DD/YYYY)

[redacted]

☐ QUARTERLY REGISTRATION	☐ ANNUAL REGISTRATION	NEXT REGISTRATION DATE	REGISTRANT'S INITIALS

REGISTERING AGENCY:
CRIMINAL JUSTICE USE ONLY

COMPLETE THIS SECTION IF A COPY OF THIS FORM WILL BE FORWARDED TO THE COLORADO BUREAU OF INVESTIGATION.

AGENCY NAME	PHONE NUMBER
LAFAYETTE POLICE DEPARTMENT	303-665-5571
ORI	STAFF NAME
CO0070300	

CONVICTION INFORMATION:
CRIMINAL JUSTICE USE ONLY

PLEASE VERIFY THAT THE SEX OFFENSE CONVICTION ACCURATELY REFLECTS THE REQUIRED FREQUENCY OF REGISTRATION. IF THE REGISTRANT HAS TWO OR MORE CONVICTIONS INVOLVING UNLAWFUL SEXUAL BEHAVIOR, PLEASE INCLUDE THOSE CONVICTIONS ON A SEPARATE SHEET OF PAPER.

SEX OFFENSE CONVICTION	CONVICTION DATE	CITY/COUNTY OF CONVICTION	STATE	DOCKET NUMBER	SVP (Y/N)

CRIMINAL JUSTICE IDENTIFICATION NUMBERS:
CRIMINAL JUSTICE USE ONLY

FBI NUMBER	STATE IDENTIFICATION NUMBER (SID)	AGENCY REGISTRATION NUMBER

Supervisory Officer:
CRIMINAL JUSTICE USE ONLY

NAME	PHONE NUMBER