



**PENNSYLVANIA STATE POLICE
SEXUAL OFFENDER REGISTRATION
MEGAN'S LAW**



Instructions for Completing the Sexual Offender Registration Form

USE: This form is to be used by the registering official ONLY when the PA SORT system is unavailable for use or in other unusual circumstances for registering/verifying/updating sexual offenders.

Check the appropriate box(es) indicating the reason (new registration, verification, etc.) for submission.

- If completing this form for a **New Registration**, record **all** sections.
- If completing this form for a **Verification, Address Change, School Change, Employment Change, or Other Change**, record all sections except **B, C, D, E, F, M, and N** unless information in those specific sections has changed.

NOTE: National Crime Information Center (NCIC) provides universal acceptable values for data fields such as hair color and eye color. These values should be recorded in the fields as noted.

SECTION A - OFFENDER INFORMATION

This section is used to record the **sexual offender's information**.

1. **PA SID:** Enter the sexual offender's Pennsylvania State Identification Number (SID). Leave blank if the sexual offender does not have a PA SID.
2. **Social Security Number:** Enter the 9-digit social security number.
3. **Date of Birth:** Enter the date of birth numerically by month, day, and 4-digit year.
4. **First Name:** Enter the first name.
5. **Middle Name:** Enter the middle name.
6. **Last Name:** Enter the last name.
7. **Gender:** Place an "X" in the appropriate box.
8. **Suffix:** Enter the suffix.
9. **Does the Offender Have a Mobile Phone?:** Place an "X" in the appropriate box.
10. **Mobile Phone:** If YES is selected in number 9 above, record the number, including the area code.
11. **Other Phone:** Enter any other phone number (not associated with an address) the sexual offender can be reached at, including the area code.

SECTION B - REGISTRATION INFORMATION

This section is used to record the **sexual offender's registration information**.

12. **Offender Status:** Place an "X" in the appropriate box.
13. **Offender Type:** Place an "X" in the appropriate box. If offender type is unknown, select "Tier Pending."

SECTION C - PHYSICAL DESCRIPTION

This section is used to record the **sexual offender's physical description**.

14. **Does Offender Wear Glasses?:** Place an "X" in the appropriate box.
15. **Height:** Enter the height in feet and inches.
16. **Weight:** Enter the weight in pounds.
17. **Hair Color:** Enter the hair color by using NCIC values.
18. **Eye Color:** Enter the eye color by using NCIC values.
19. **Race:** Place an "X" in the appropriate box.
20. **Ethnicity:** Place an "X" in the appropriate box.
21. **Birth State/Territory:** Enter the state in which the sexual offender was born. If born outside of the U.S., write "unknown."
22. **Birth Country:** Enter the country in which the sexual offender was born.

SECTION D – IDENTIFIERS

This section is used to record the **sexual offender's identifiers**.

23. **Have Palm Prints Been Taken?:** Place an "X" in the appropriate box. Palm prints are required for all Megan's Law sexual offenders at initial registration.
24. **Has DNA Been Taken?:** Place an "X" in the appropriate box. DNA collection is required for all Megan's Law sexual offenders at initial registration.
25. **Passport Number:** If applicable, enter the passport number.
26. **Inmate Number:** If applicable, enter the inmate number.
27. **Immigration (Alien) ID:** If applicable, enter the immigration (alien) identifier (ID).
28. **Immigration Status:** If applicable, enter the immigration status.
29. **FBI Number:** If applicable, enter the FBI number.

SECTION E – ALIASES

This section is used to record the **sexual offender's aliases**.

30. **Current Aliases/Nicknames:** Enter ALL aliases/nicknames pertaining to the sexual offender.

SECTION F – SCARS/MARKS/TATTOOS/MISSING BODY PARTS (AMPUTATIONS)

This section is used to record the **sexual offender's scars, marks, tattoos, and missing body parts (amputations)**.

31. **Scars:** Enter the location(s) and description(s) of any scars on the sexual offender's body.
32. **Tattoos:** Enter the location(s) and description(s) of any tattoos on the sexual offender's body.
33. **Amputations:** Enter the location(s) and description(s) of any amputations.
34. **Marks:** Place an "X" in the appropriate box, and enter the location(s) and description(s) of any marks on the sexual offender's body.

SECTION G – ADDRESS INFORMATION

This section is used to record all of the **sexual offender's addresses** (where the offender resides or receives mail) including a correctional facility. If the sexual offender is being released from a correctional facility, do not complete the facility section.

Correctional Facility

35. **Name of Facility:** Enter the name of the correctional facility where the sexual offender is incarcerated.
36. **Description:** Enter the description of the correctional facility (e.g., prison, county, state, federal, work release center, detention).
37. **Telephone Number:** Enter the telephone number of the correctional facility.
38. **Street Address 1:** Enter the street address of the correctional facility.
39. **Street Address 2:** Enter additional street address information of the correctional facility.
40. **City:** Enter the city of the correctional facility.
41. **State:** Enter the state of the correctional facility.
42. **Zip Code:** Enter the zip code of the correctional facility.
43. **County:** Enter the county of the correctional facility.
44. **Country:** Enter the country of the correctional facility.
45. **Municipality:** Enter the city/township/borough of the correctional facility.
46. **Start Date:** Enter the first day of incarceration (numerically by month, day, and 4-digit year).
47. **End Date:** Enter the date of release from incarceration (numerically by month, day, and 4-digit year).
48. **Responsible Agency Having Jurisdiction:** Enter the responsible agency having jurisdiction at the correctional facility.

Primary Residence

49. **Description:** Enter a description of the primary residence of the sexual offender (e.g., house, apartment, cabin, shelter).
50. **Telephone Number:** Enter the telephone number of the primary residence, including the area code.
51. **Street Address 1:** Enter the street address of the primary residence.
52. **Street Address 2:** Enter additional street address information of the primary residence (include apartment/room no.).
53. **City:** Enter the city of the primary residence.
54. **State:** Enter the state of the primary residence.
55. **Zip Code:** Enter the zip code of the primary residence.
56. **County:** Enter the county of the primary residence.
57. **Country:** Enter the country of the primary residence.
58. **Municipality:** Enter the city/township/borough of the primary residence.

59. **Responsible Agency Having Jurisdiction:** Enter the responsible agency having jurisdiction in this residence area.
60. **Transient/Temporary:** If applicable, place an "X" in the appropriate box.

Secondary Residence

61. **Description:** Enter a description of the secondary residence of the sexual offender (e.g., house, apartment, cabin, shelter).
62. **Telephone Number:** Enter the telephone number of the secondary residence, including the area code.
63. **Street Address 1:** Enter the street address of the secondary residence.
64. **Street Address 2:** Enter additional street address information of the secondary residence (include apartment/room no.).
65. **City:** Enter the city of the secondary residence.
66. **State:** Enter the state of the secondary residence.
67. **Zip Code:** Enter the zip code of the secondary residence.
68. **County:** Enter the county of the secondary residence.
69. **Country:** Enter the country of the secondary residence.
70. **Municipality:** Enter the city/township/borough of the secondary residence.
71. **Responsible Agency Having Jurisdiction:** Enter the responsible agency having jurisdiction in this residence area.
72. **Transient/Temporary:** If applicable, place an "X" in the appropriate box.

Mailing Address

73. **Is Mailing Address the Same as Physical Address?:** Place an "X" in the appropriate box. If NO is selected, enter numbers 74-79.
74. **Street Address 1:** Enter the street address of the mailing address.
75. **Street Address 2:** Enter additional street address information of the mailing address (include apartment/room no.).
76. **City:** Enter the city of the mailing address.
77. **State:** Enter the state of the mailing address.
78. **Zip Code:** Enter the zip code of the mailing address.
79. **County:** Enter the county of the mailing address.

SECTION H – SCHOOL INFORMATION

This section is used to record the **sexual offender's school information.** (Complete only if enrolled as a student.)

80. **Name of School:** Enter the name of school the sexual offender attends.
81. **Additional Information:** Enter any additional information on the school.
82. **Telephone Number:** Enter the telephone number of the school, including the area code.
83. **Street Address 1:** Enter the street address of the school.
84. **Street Address 2:** Enter additional street address information of the school (include room no.).
85. **City:** Enter the city of the school.
86. **State:** Enter the state of the school.
87. **Zip Code:** Enter the zip code of the school.
88. **County:** Enter the county of the school.
89. **Municipality:** Enter the city/township/borough of the school.
90. **Country:** Enter the country of the school.
91. **Start Date:** Enter the enrollment date (numerically by month, day, and 4-digit year).
92. **End Date:** If known, enter the date the sexual offender will no longer attend school (numerically by month, day, and 4-digit year).
93. **Responsible Agency Having Jurisdiction:** Enter the responsible agency having jurisdiction in the school area.

SECTION I – EMPLOYMENT INFORMATION

This section is used to record the **sexual offender's employment information.**

Employer 1

94. **Employer:** Enter the name of the place of employment of the sexual offender.
95. **Occupation:** Enter the type of work performed (e.g., landscaper, teacher, framer).
96. **Supervisor's Name:** Enter the name of the supervisor.
97. **Telephone Number:** Enter the telephone number of Employer 1, including the area code.
98. **Street Address 1:** Enter the street address of Employer 1.
99. **Street Address 2:** Enter additional street address information of Employer 1.
100. **City:** Enter the city of Employer 1.
101. **State:** Enter the state of Employer 1.

102. **Zip Code:** Enter the zip code of Employer 1.
103. **County:** Enter the county of Employer 1.
104. **Municipality:** Enter the city/township/borough of Employer 1.
105. **Country:** Enter the country of Employer 1.
106. **General Work Area:** Enter the portion of the workplace in which the sexual offender moves about while fulfilling work tasks if the sexual offender's employment is not at a fixed address.
107. **Start Date:** Enter the first day of employment at Employer 1 (numerically by month, day, and 4-digit year).
108. **End Date:** If known, enter the last day of employment at Employer 1 (numerically by month, day, and 4-digit year).
109. **Responsible Agency Having Jurisdiction:** Enter the responsible agency having jurisdiction in the area of Employer 1.

Employer 2

110. **Employer:** Enter the name of the place of employment of the sexual offender
111. **Occupation:** Enter the type of work performed (e.g., landscaper, teacher, framer).
112. **Supervisor's Name:** Enter the name of the supervisor.
113. **Telephone Number:** Enter the telephone number of Employer 2, including the area code.
114. **Street Address 1:** Enter the street address of Employer 2.
115. **Street Address 2:** Enter additional street address information of Employer 2.
116. **City:** Enter the city of Employer 2.
117. **State:** Enter the state of Employer 2.
118. **Zip Code:** Enter the zip code of Employer 2.
119. **County:** Enter the county of Employer 2.
120. **Municipality:** Enter the city/township/borough of Employer 2.
121. **Country:** Enter the country of Employer 2.
122. **General Work Area:** Enter the portion of the workplace in which the sexual offender moves about while fulfilling work tasks if the offender's employment is not at a fixed address.
123. **Start Date:** Enter the first day of employment at Employer 2 (numerically by month, day, and 4-digit year).
124. **End Date:** If known, enter the last day of employment at Employer 2 (numerically by month, day, and 4-digit year).
125. **Responsible Agency Having Jurisdiction:** Enter the responsible agency having jurisdiction in the area of Employer 2.

SECTION J – VEHICLE INFORMATION

This section is used to record **sexual offender's vehicle information** for all vehicles owned or operated.

Vehicle 1

126. **Vehicle Type:** Place an "X" in the appropriate box.
127. **Year:** Enter the year of Vehicle 1.
128. **Make:** Enter the make of Vehicle 1 (e.g., Ford, Chevy, GMC).
129. **Vehicle Primary Color:** Enter the primary color of Vehicle 1.
130. **Model:** Enter the model of Vehicle 1 (e.g., Escort, Corvette, Accord).
131. **Style:** Enter the body style of Vehicle 1 (e.g., pickup truck, 2-door or 4-door coupe, SUV, minivan, wagon, sports car, convertible, hybrid, luxury).
132. **Vehicle Secondary Color:** If Vehicle 1 has a secondary color, record the color.
133. **Vehicle Ownership:** Place an "X" in the appropriate box.
134. **Vehicle Identification Number (VIN):** Enter the vehicle identification number of Vehicle 1.
135. **Is This Vehicle Registered?:** Place an "X" in the appropriate box.
136. **Plate #:** Enter the license plate number of Vehicle 1.
137. **State:** Enter the state where Vehicle 1 is registered.
138. **Is License Plate Expiration Date Non-expiring?/Plate Expiration Date:** Place an "X" in the appropriate box, and enter the expiration date if NO is selected.
139. **License Plate Type:** Enter the type of license plate of Vehicle 1 (e.g., auto, truck, dealer).
140. **Additional Details:** Enter additional details of Vehicle 1.
141. **General Parking Locations:** Enter all locations where Vehicle 1 is parked.

Vehicle 2

142. **Vehicle Type:** Place an "X" in the appropriate box.
143. **Year:** Enter the year of Vehicle 2.
144. **Model:** Enter the model of Vehicle 2 (e.g., Escort, Corvette, Accord).
145. **Vehicle Primary Color:** Enter the primary color of Vehicle 2.

146. **Make:** Enter the make of Vehicle 2 (e.g., Ford, Chevy, GMC).
147. **Style:** Enter the body style of Vehicle 2 (e.g., pickup truck, 2-door or 4-door coupe, SUV, minivan, wagon, sports car, convertible, hybrid, luxury).
148. **Vehicle Secondary Color:** If Vehicle 2 has a secondary color, enter the color.
149. **Vehicle Ownership:** Place an "X" in the appropriate box.
150. **Vehicle Identification Number (VIN):** Enter the vehicle identification number of Vehicle 2.
151. **Is This Vehicle Registered?:** Place an "X" in the appropriate box.
152. **Plate #:** Enter the license plate number of Vehicle 2.
153. **State:** Enter the state where Vehicle 2 is registered.
154. **Is License Plate Expiration Date Non-expiring?/Plate Expiration Date:** Place an "X" in the appropriate box, and enter the expiration date if NO is selected.
155. **License Plate Type:** Enter the type of license plate of Vehicle 2 (e.g., auto, truck, dealer).
156. **Additional Details:** Enter additional details for Vehicle 2.
157. **General Parking Locations:** Enter all locations where Vehicle 2 is parked.

SECTION K – INTERNET IDENTIFIERS

This section is used to record the **sexual offender's internet identifiers.**

158. **Email Address:** Enter ALL email addresses affiliated with the sexual offender.
159. **Site Identifiers/Site Affiliation(s):** Enter all identifiers affiliated with the sexual offender (e.g., Facebook, Twitter, Tagged, MySpace).

SECTION L – LICENSE IDENTIFIERS

This section is used to record the **sexual offender's license information.**

Driver's License

160. **Driver's License Number:** Enter the sexual offender's driver's license number.
161. **Issuing State:** Enter the state in which the driver's license was issued.
162. **Expiration Date:** Enter the expiration date (numerically by month, day, and 4-digit year).
163. **Is License Current?:** Place an "X" in the appropriate box.

Professional License (If applicable, complete this section.)

164. **License Number:** Enter the sexual offender's professional license number (e.g., plumber, barber, pilot).
165. **License Type:** Enter the type of professional license.
166. **Issuing Agency:** Enter the issuing agency for the professional license.
167. **Issuing State:** Enter the state that issued the professional license.
168. **Expiration Date:** Enter the expiration date of the professional license (numerically by month, day, and 4-digit year).
169. **Is license Current?:** Place an "X" in the appropriate box.

SECTION M – OFFENSE

This section is used to record the **sexual offender's offense(s).**

170. **Country of Conviction:** Enter the country in which the sexual offender was convicted.
171. **State of Conviction:** Enter the state of conviction.
172. **County of Conviction:** Enter the county of conviction.
173. **OTN:** Enter the Offense Tracking Number (OTN).
174. **Offense:** Enter the offense.
175. **Offense Date:** Enter the date of the offense (numerically by month, day, and 4-digit year).
176. **Arrest Date:** Enter the actual date of arrest (numerically by month, day, and 4-digit year).
177. **Conviction Date:** Enter the date of conviction/found guilty (numerically by month, day, and 4-digit year).
178. **Was the Offender Adjudicated Delinquent as a Juvenile?:** Place an "X" in the appropriate box.
179. **Was the Juvenile Offender Civilly Committed as a Sexually Violent Delinquent Child (SVDC)?:** Place an "X" in the appropriate box.
180. **Additional Information:** Enter additional information of the offense.
181. **Were Any of Offender's Victims Minors?:** Place an "X" in the appropriate box.
182. **Victim 1/Age:** Enter the age of Victim 1 at the time of the offense. Place an "X" in the appropriate box, and enter the relationship of Victim 1 to the sexual offender.
183. **Victim 2/Age:** Enter the age of Victim 2 at the time of the offense. Place an "X" in the appropriate box, and enter the relationship of Victim 2 to the sexual offender.

SECTION N – SUPERVISION

This section is used to record the **sexual offender's supervision**.

184. **Is Offender Under Supervision?:** Place an "X" in the appropriate box.
185. **Supervising Agency:** Enter the agency that supervises the sexual offender.
186. **Supervision Start Date:** Enter the first day of probation/parole (numerically by month, day, and 4-digit year).
187. **Supervision End Date:** If known, enter the end date of parole/probation (numerically by month, day, and 4-digit year).
188. **Parole Number:** Enter the parole number.

ADDITIONAL COMMENTS

This section is used to record any additional comments necessary.

REQUIREMENTS STATEMENTS

This section is used to convey the registration requirements to the offender. The sexual offender must read and check all registration requirement statements. This form must be signed and dated by both the sexual offender and the registering official.

- If completing this form for a **New Registration**, submit the form along with **facial (frontal), scars, marks, and tattoo photograph(s), fingerprints, and palm prints** to the Pennsylvania State Police at the address found at the end of this form.
- If completing this form for **Verification, Address Change, School Change, Employment Change, or Other**, submit the form along with the **photograph(s)** to the Pennsylvania State Police at the address found at the end of this form.

Fingerprints, palm prints, and DNA are required for New Registrations at initial registration, or if a sexual offender's identity is in question. A facial (frontal) photograph is required for each appearance.

Questions regarding DNA collection or DNA-associated paperwork as well as requests for kits may be directed to:

Forensic DNA Division
80 N. Westmoreland Avenue
Greensburg, PA 15601
724-832-5423

CHECK THE APPROPRIATE REASON(S) BELOW:

() New Registration () Verification () Address Change () Employment Change () Other

SECTION A - OFFENDER INFORMATION

1. PA SID	2. SOCIAL SECURITY NUMBER - -	3. DATE OF BIRTH / /
4. FIRST NAME		5. MIDDLE NAME
6. LAST NAME		7. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN
		8. SUFFIX
9. DOES OFFENDER HAVE A MOBILE PHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. MOBILE PHONE - -	11. OTHER PHONE - -

SECTION B - REGISTRATION INFORMATION

12. OFFENDER STATUS <input type="checkbox"/> Active <input type="checkbox"/> Inactive - Deported <input type="checkbox"/> Active - Incarcerated <input type="checkbox"/> Inactive - Moved <input type="checkbox"/> Active - Transient	13. OFFENDER TYPE <input type="checkbox"/> Tier I <input type="checkbox"/> Sexually Violent Predator <input type="checkbox"/> Tier Pending <input type="checkbox"/> Tier II <input type="checkbox"/> Sexually Violent Delinquent Child <input type="checkbox"/> Tier III <input type="checkbox"/> Juvenile Offender <p style="font-size: small;">💡 If Offender Type is unknown, place an "X" in "Tier Pending."</p>
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SECTION C - PHYSICAL DESCRIPTION

14. DOES OFFENDER WEAR GLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	15. HEIGHT Feet Inches	16. WEIGHT Lbs.	17. HAIR COLOR	18. EYE COLOR
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19. RACE <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	20. ETHNICITY <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown
21. BIRTH STATE/TERRITORY	22. BIRTH COUNTRY

SECTION D - IDENTIFIERS

23. HAVE PALM PRINTS BEEN TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. HAS DNA BEEN TAKEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. PASSPORT NUMBER	26. INMATE NUMBER
27. IMMIGRATION (ALIEN) ID	28. IMMIGRATION STATUS	29. FBI NUMBER	

SECTION E - ALIASES

30. CURRENT ALIASES/NICKNAMES FIRST NAME	LAST NAME
💡 If the alias is only one name, place an "X" in the "First Name" field and write the alias in the "Last Name" field.	

SECTION F - SCARS/MARKS/TATTOOS/MISSING BODY PARTS (AMPUTATIONS)

31. SCARS LOCATION DESCRIPTION	32. TATTOOS LOCATION DESCRIPTION
33. AMPUTATIONS LOCATION DESCRIPTION	34. MARKS <input type="checkbox"/> DEFORMITIES <input type="checkbox"/> MOLE <input type="checkbox"/> SKIN DISCOLORATION <input type="checkbox"/> UNKNOWN LOCATION DESCRIPTION <hr/> <input type="checkbox"/> DEFORMITIES <input type="checkbox"/> MOLE <input type="checkbox"/> SKIN DISCOLORATION <input type="checkbox"/> UNKNOWN LOCATION DESCRIPTION

SECTION G - ADDRESS INFORMATION

CORRECTIONAL FACILITY		
35. NAME OF FACILITY	36. DESCRIPTION	37. TELEPHONE NUMBER - -

38. STREET ADDRESS 1			39. STREET ADDRESS 2		
40. CITY		41. STATE	42. ZIP CODE	43. COUNTY	
44. MUNICIPALITY (City/Township/Borough)			45. COUNTRY		
46. START DATE / /	47. END DATE / /	48. RESPONSIBLE AGENCY HAVING JURISDICTION			
RESIDENCE(S) ADDRESS(ES) – PHYSICAL LOCATION OF OFFENDER					
PRIMARY RESIDENCE					
49. DESCRIPTION				50. TELEPHONE NUMBER - -	
51. STREET ADDRESS 1			52. STREET ADDRESS 2 (Include Apartment/Room No.)		
53. CITY		54. STATE	55. ZIP CODE	56. COUNTY	
57. MUNICIPALITY (City/Township/Borough)			58. COUNTRY		
59. RESPONSIBLE AGENCY HAVING JURISDICTION				60. TRANSIENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
SECONDARY RESIDENCE					
61. DESCRIPTION				62. TELEPHONE NUMBER - -	
63. STREET ADDRESS 1			64. STREET ADDRESS 2 (Include Apartment/Room No.)		
65. CITY		66. STATE	67. ZIP CODE	68. COUNTY	
69. MUNICIPALITY (City/Township/Borough)			70. COUNTRY		
71. RESPONSIBLE AGENCY HAVING JURISDICTION				72. TRANSIENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>	
MAILING ADDRESS					
73. IS THE MAILING ADDRESS THE SAME AS THE PHYSICAL ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, COMPLETE THE MAILING ADDRESS INFORMATION BELOW)					
74. STREET ADDRESS 1			75. STREET ADDRESS 2 (Include Apartment/Room No.)		
76. CITY		77. STATE	78. ZIP CODE	79. COUNTY	
SECTION H - SCHOOL INFORMATION (Complete only if enrolled as a student.)					
80. NAME OF SCHOOL			81. ADDITIONAL INFORMATION		
82. TELEPHONE NUMBER - -	83. STREET ADDRESS 1		84. STREET ADDRESS 2 (Include Room No.)		
85. CITY		86. STATE	87. ZIP CODE	88. COUNTY	
89. MUNICIPALITY (City/Township/Borough)			90. COUNTRY		
91. START DATE / /	92. END DATE / /	93. RESPONSIBLE AGENCY HAVING JURISDICTION			
SECTION I - EMPLOYMENT INFORMATION					
EMPLOYER 1					
94. EMPLOYER					
95. OCCUPATION		96. SUPERVISOR'S NAME		97. TELEPHONE NUMBER - -	
98. STREET ADDRESS 1			99. STREET ADDRESS 2		
100. CITY		101. STATE	102. ZIP CODE	103. COUNTY	

SECTION K - INTERNET IDENTIFIERS

158. EMAIL ADDRESS

159. SITE IDENTIFIERS

SITE AFFILIATION(S)

List ALL email addresses affiliated with offender.

List ALL identifiers affiliated with offender (e.g., Facebook, Twitter, Tagged, Myspace).

SECTION L - LICENSE INFORMATION**DRIVER'S LICENSE**

160. DRIVER'S LICENSE NUMBER

161. ISSUING STATE

162. EXPIRATION DATE

/ /

163. IS LICENSE CURRENT?

 YES NO**PROFESSIONAL LICENSE**

164. LICENSE NUMBER

165. LICENSE TYPE

166. ISSUING AGENCY

167. ISSUING STATE

168. EXPIRATION DATE

/ /

169. IS LICENSE CURRENT?

 YES NO**SECTION M - OFFENSE**

170. COUNTRY OF CONVICTION

171. STATE OF CONVICTION

172. COUNTY OF CONVICTION

173. OTN

174. OFFENSE

175. OFFENSE DATE

/ /

176. ARREST DATE

/ /

177. CONVICTION DATE

/ /

178. WAS OFFENDER ADJUDICATED DELINQUENT AS A JUVENILE?

 YES NO

179. WAS THE JUVENILE OFFENDER CIVILLY COMMITTED AS

A SEXUALLY VIOLENT DELINQUENT CHILD (SVDC)?

 YES NO

180. ADDITIONAL INFORMATION

181. WERE ANY OF THE OFFENDER'S VICTIMS MINORS?

 YES NO

182. Victim 1

Age

Victim 1 Gender MALE FEMALE UNKNOWN

Victim 1 Relationship

183. Victim 2

Age

Victim 2 Gender MALE FEMALE UNKNOWN

Victim 2 Relationship

SECTION N - SUPERVISION

184. IS OFFENDER UNDER SUPERVISION?

 YES NO

185. SUPERVISING AGENCY

186. SUPERVISION START DATE

/ /

187. SUPERVISION END DATE

/ /

188. PAROLE NUMBER

ADDITIONAL COMMENTS:

1. <input type="checkbox"/>	You are required to register as a sexual offender because you have been convicted of a sexually violent offense, were adjudicated delinquent of an offense requiring registration, or were required to register as a sex offender in another jurisdiction? You will be notified by the Pennsylvania State Police when your registration period is over.
2.	The following is a summary of the sexual offender registration requirements contained in Megan's Law (42 Pa.C.S. Chapter 97, Subchapter H) that you must comply with:
a. <input type="checkbox"/>	You must register with the Pennsylvania State Police and furnish all registration information required by Megan's Law, including but not limited to: information about your residence, employment and school enrollment, vehicles owned or operated by you, your photograph(s), your fingerprints (and palm prints), and your DNA sample. Depending on what you have been convicted of (or how many convictions you have), you may be required to register up to your lifetime. Failing or refusing to complete your initial registration or comply with any other provision of Megan's Law at any other time will subject you to arrest and felony prosecution pursuant to 18 Pa.C.S. § 4915.1.
b. <input type="checkbox"/>	<p>In-person appearance to update information: You must appear in-person, within three (3) business days, at any approved registration site to notify the Pennsylvania State Police of any of the following:</p> <p>(1) Any change in name, including any alias.</p> <p>(2) Any change in residence, including but not limited to: beginning to live in a residence, adding an additional residence, moving out of a previously registered residence, or failing to have a residence (thereby becoming a transient, i.e., homeless). (i) If you become a transient (homeless) you must provide a list of places where you eat, frequent, engage in leisure activities and any planned destinations, including those outside this Commonwealth. If you change, add to, or remove any of these places listed during a monthly reporting period, you must list these changes when verifying at the next monthly reporting interval.</p> <p>(3) Any change in employment, including but not limited to: beginning employment, adding additional employment or leaving previously registered employment for any reason. If you are not employed at a fixed address (e.g. you have a delivery route), you must report your general area of employment and employment-travel route(s) and any changes to them.</p> <p>(4) Any enrollment as a student, including but not limited to: enrolling as a student, adding additional places of study or termination of enrollment as a student.</p> <p>(5) Any change in telephone number (including landline, cell phone or virtual), including but not limited to: obtaining a new phone number, terminating your phone number or otherwise modifying your phone number.</p> <p>(6) Any change in information related to any vehicle (including watercraft or aircraft) you own or operate, including but not limited to: adding or terminating vehicle ownership or operation. This includes any change in the location where the vehicle is stored or parked and any change in license plate number, registration numbers and other identifiers.</p> <p>(7) Any temporary lodging information, including but not limited to: commencing temporary lodging, a change in temporary lodging, or a termination of temporary lodging. You must provide the specific length of time and the dates during which you will be temporarily lodged away from your registered residence(s) for seven (7) days or more.</p> <p>(8) Any change in e-mail address, instant message address, or any other designations used in Internet communications or postings (e.g. social networking sites, Internet message boards). This includes, but is not limited to, the addition, deletion or modification of any Internet identifier.</p> <p>(9) Any change in occupational or professional licensing information (e.g. car dealer, barber, realtor, etc.).</p>
c. <input type="checkbox"/>	Shortly before your verification date, the Pennsylvania State Police will send a letter to your registered mailing address. This letter will not be forwarded. Failure to receive this letter does not relieve you of your obligation to comply with the law.
d. <input type="checkbox"/>	<p>Periodic verification of registration information is mandatory by all offenders as follows:</p> <p>(1) A Tier I offender must appear in person at an approved registration site annually.</p> <p>(2) A Tier II offender must appear in person at an approved registration site semiannually.</p> <p>(3) A Tier III offender must appear in person at an approved registration site quarterly.</p> <p>(4) A Sexually Violent Predator must appear in person at an approved registration site quarterly.</p> <p>(5) A Juvenile offender or Sexually Violent Delinquent Child must appear in person at an approved registration site quarterly.</p> <p>(6) A Transient ("homeless") offender must appear in person at an approved registration site monthly.</p>
e. <input type="checkbox"/>	If you begin to reside, work or go to school outside of Pennsylvania you must register with the appropriate law enforcement agency in that other jurisdiction within three (3) business days of beginning to reside, work, or go to school there. You must also appear at an Approved Registration Site and notify the Pennsylvania State Police in the manner described in paragraph 2(b).

3. <input type="checkbox"/>	If you are a Sexually Violent Predator or a Sexually Violent Delinquent Child you are required to attend at least monthly counseling sessions. If you have been designated a sexually violent predator (or similar designation) in another jurisdiction and are required to undergo counseling, you are required to attend monthly counseling sessions in Pennsylvania. If you fail to attend monthly counseling sessions you are subject to arrest and prosecution pursuant to 18 Pa.C.S. § 4915.1.
4. <input type="checkbox"/>	Your name, address, and other identifying factors will be disseminated to law enforcement agencies. Certain other information about you will be made available to the public on the Megan's Law Website. If you have been designated as a Sexually Violent Predator or a Sexually Violent Delinquent Child this information will also be disseminated to victim(s), neighbors, schools, day care centers, colleges, county children and youth agencies, and to the general public upon request.
5. <input type="checkbox"/>	You should have been informed of your registration requirements by your sentencing court. NOTE: the terms of your registration (including Tier and length of registration) are mandated by statute and are not part of your criminal sentence. If the court failed to inform you of your registration requirements (or incorrectly informed you of the same) this does not relieve you of your obligation to register as a sexual offender in accordance with the requirements of Megan's Law.
6. <input type="checkbox"/>	It is your responsibility as a sex offender, to review and verify all information on this form and ensure it is correct. You should immediately bring any errors to the attention of the registering official before leaving the registration site. A failure to provide complete and accurate information when registering will subject you to arrest and felony prosecution pursuant to 18 Pa.C.S. § 4915.1.

Any questions regarding your registration requirements should be directed to the Pennsylvania State Police, Megan's Law Section by calling toll free 1-866-771-3170 or by writing the Pennsylvania State Police, Megan's Law Section, 1800 Elmerton Avenue, Harrisburg, PA 17110-9758.

I acknowledge that I have read and understand the requirements set forth in blocks 1 through 6. I verify the facts set forth in this registration form are true and correct to the best of my knowledge, information and belief. This verification is made subject to the penalties of 18 Pa.C.S. §§ 4904 and 4915.1 (relating to unsworn falsification to authorities, and failure to comply with registration of sexual offenders requirements, respectively).

7. SIGNATURE - OFFENDER	8. DATE
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I certify that I have read to the offender the requirements set forth above.

9. SIGNATURE - REGISTERING OFFICIAL	10. TITLE	11. DATE
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12. PRINTED NAME – REGISTERING OFFICIAL	13. DEPARTMENT/AGENCY/FACILITY & ORI (INCLUDE PSP STATION NAME)	14. TELEPHONE NUMBER (EXTENSION IF NECESSARY) - - Ext.
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Forward this form, with a current photograph(s) to:
Pennsylvania State Police
Bureau of Records and Identification
Megan's Law Section
1800 Elmerton Avenue
Harrisburg, PA 17110-9758