



NORTH DAKOTA OFFENDER REGISTRATION OFFENDER NOTICE/ACKNOWLEDGEMENT/REGISTRATION

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 18092 (11-2020)

- New Change
 Verification
 Homeless Verification

ND SID Number (if known)	Offender's Name (Last, First, Middle) - Please Print		Date of Birth
FBI Number (if known)	Social Security Number	Are You Currently Incarcerated <input type="checkbox"/> Yes <input type="checkbox"/> No	Restricted Release Status <input type="checkbox"/> Yes <input type="checkbox"/> No
Incarceration Facility	Crime for Current Incarceration		Projected Release Date

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 understand that as used in this acknowledgment, the term "**REGISTER**" means to provide any information IN PERSON that is required by the Attorney General of North Dakota. This information includes personal descriptor information, residence, mailing address, employer and school addresses with additional information provided as per each address type. I understand that I will also provide phone numbers, vehicles, watercrafts, aircrafts, e-mail addresses, Internet Service Providers, website accounts and professional licensures. **1** _____
2. I understand that I am required to register all information with the law enforcement agency in the jurisdiction WHERE I RESIDE. If I have any changes to this information, I must register the change WITHIN 3 DAYS OF THE EFFECTIVE DATE. **2** _____
3. WITHIN 3 DAYS OF ENTERING THE CITY OR COUNTY IN WHICH I WILL BE RESIDING, I am required to register with the law enforcement agency in that jurisdiction. **3** _____
4. If I do not establish a residence, but visit or stay in one location for at least 10 days at one time or 30 days in a calendar year, I must register that temporary residence with the law enforcement in the city or county where I am temporarily residing. **4** _____
5. If I reside in another state or on Tribal land and work or attend school in North Dakota, I am required to register with the law enforcement agency in the jurisdiction in which I work or attend school WITHIN 3 DAYS OF BEGINNING EMPLOYMENT OR ATTENDING CLASSES. **5** _____
6. If I intend to change my residence, work, or school address, I must register that intended change with the law enforcement agency where I am registered AT LEAST 10 DAYS PRIOR TO THE INTENDED CHANGE. **6** _____
7. I understand that if I am homeless, I am required to register with the law enforcement agency in the area in which I am staying every 3 days. I must provide a physical location when a street address is not available. **7** _____
8. I understand that if I intend to travel or move internationally, I must register these intentions with the agency that I am currently registered with at least 21 days before leaving and that a United States Marshal International Travel form must be filled out and submitted, along with a copy of my Driver's License, photo ID, or Passport, to the United States Marshal's Office. **8** _____
9. 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. **9** _____
10. 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. **10** _____
11. 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. **11** _____
12. **SEXUAL OFFENDERS ONLY:** 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 or governing body. **12** _____
13. **SEXUAL OFFENDERS ONLY:** 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: **13** _____
 - I am the parent or guardian of a student attending the school and I have written permission from the school board or governing body of the school 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.
 - 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.
 - I am a student at the school with the written permission from the school board or governing body.
 - The school board or governing body allows me to be on school property on a case-by-case basis.
14. **SEXUAL OFFENDERS ONLY:** I understand that if I am assessed as a High Risk I may not reside within 500 feet of a public or non-public preschool, elementary, middle, or high school. **14** _____
15. I understand that I am required to register with my registering agency on a frequency based upon my North Dakota risk level/status: **15** _____
 - **High Risk:** 4x a year - January/April/July/October.
 - **Moderate Risk:** 2x a year - February/August.
 - **Low Risk, Offender Against Children, or not yet assigned a risk level in North Dakota:** 1x a year - in the month of my date of birth.
16. I will abide by all registration requirements set forth in NCDCC 12.1.32-15. **16** _____

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In compliance with the Federal Privacy Act of 1974, the disclosure of your social security number on this form is mandatory pursuant to North Dakota Century Code 12.1-32-15. The social security number is used for identification and search purposes in local, state and national databases to detect violations of law or regulations. Failure to provide the information required by the Attorney General, including your social security number, is a class C felony punishable by up to five years in prison, a \$5,000 fine, or both.

Alias Name(s)/Previous Name(s)					
Additional Social Security Numbers			Additional Date of Birth		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Eye Color		Hair Color		Skin Color
Height (feet/inches)	Weight (pounds)	Race	Citizenship	Ethnicity <input type="checkbox"/> Hispanic or Latino	Birth Place (state)
Driver's License/State Identification Number			Driver's License/Identification State		
Driver's License/Identification Expiration Year			Passport Number		
Scars, Marks, and Tattoos (fully describe the location and description)					
Are You a First Time Registrant in North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No		Most Recent Registering Agency			
Have You Registered in States Other Than North Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No		States, Countries or Territories (other than North Dakota) You Have Registered in. List the Last Registered Date			

I AM REQUIRED TO REGISTER FOR THE FOLLOWING CRIMES:

Enter offenses requiring registration into section below (most recent offense first).

Offense 1 (include NDCC section violated)			Date Convicted	Facility Where Incarcerated for THIS CRIME (include state)	Date Released
Victim 1	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Offender		Court of Record (county and state)
Victim 2	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Offender		Court of Record (county and state)
Offense 2 (include NDCC section violated)			Date Convicted	Facility Where Incarcerated for THIS CRIME (include state)	Date Released
Victim 1	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Offender		Court of Record (county and state)
Victim 2	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Offender		Court of Record (county and state)
Offense 3 (include NDCC section violated)			Date Convicted	Facility Where Incarcerated for THIS CRIME (include state)	Date Released
Victim 1	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Offender		Court of Record (county and state)
Victim 2	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to Offender		Court of Record (county and state)

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CURRENT REGISTRATION INFORMATION

Primary Residence Address List your current physical address

Facility or "Care of" Name (or N/A if none)			
Start Date	End Date	Homeless (physical location required) <input type="checkbox"/>	<input type="checkbox"/> Intended <input type="checkbox"/> Current
Street Address (physical address required; PO Box or "Homeless" is not sufficient)			
City	State	ZIP Code	County
Special Directions to Residence (if necessary)			
Previous Address	City	State	ZIP Code

Registering Office Use Only - Registering Agency for this Address is

MAILING ADDRESS (If your current mailing address is different than your primary residence address, then complete the following section)

Same as Above <input type="checkbox"/>	Facility or "Care of" Name (or N/A if none)	<input type="checkbox"/> Intended <input type="checkbox"/> Current
Street Address (may use PO box)		
City	State	ZIP Code

PERSONAL PHONE NUMBERS

Landline Telephone Number	Cell Telephone Number	Other Telephone Number (include explanation)
Landline Telephone Number	Cell Telephone Number	Other Telephone Number (include explanation)

EMERGENCY CONTACT

Name	Telephone Number	Relationship
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RESIDENCE ADDRESS 2 (if you have an additional address, complete the following section)

Facility or "Care of" Name (or N/A if none)	<input type="checkbox"/> Intended <input type="checkbox"/> Current	Start Date	
Street Address (physical address required; PO Box or "Homeless" is not sufficient)			
City	State	ZIP Code	County
Special Directions to Residence (if necessary)			

If you have more than two addresses, photocopy or print another copy of the page and complete the residence address sections and attach to this form.

Registering Office Use Only - Registering Agency for this Address is

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EMPLOYER 1 (If you are employed, complete the following section. If the company is out of state, give the address you are working at in North Dakota)

Employer Name	<input type="checkbox"/> Previous <input type="checkbox"/> Intended <input type="checkbox"/> Current		Telephone Number
Street Address (physical address required; PO Box or "Homeless" is not sufficient)		Start Date	End Date
City	State	ZIP Code	County
Additional Directions to Physical Location of Work		Contact Name	

Registering Office Use Only - Agency to notify (if other than residence agency)
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EMPLOYER 2 (If you have an additional employer, complete the following section)

Employer Name	<input type="checkbox"/> Previous <input type="checkbox"/> Intended <input type="checkbox"/> Current		Telephone Number
Street Address (physical address required; PO Box or "Homeless" is not sufficient)		Start Date	End Date
City	State	ZIP Code	County
Additional Directions to Physical Location of Work		Contact Name	

If you have more than two employers, photocopy or print another copy of this page, complete the employer section and attach to this form.

Registering Office Use Only - Agency to notify (if other than residence agency)
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SCHOOL (if you are enrolled in school, complete the following section)

School Name	<input type="checkbox"/> Intended <input type="checkbox"/> Current		Telephone Number
Street Address (must be a physical address, may not be a PO box)		Start Date	End Date
City	State	ZIP Code	County
Enrollment Type <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Online with Periodic School Visits <input type="checkbox"/> Online Only			

If you attend more than one school, photocopy or print another copy of this page, complete the school section and attach to this form.

Registering Office Use Only - Agency to notify (if other than residence agency)
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VEHICLE 1 (Complete the following section for any vehicle registered to you or that you frequently use)

Year	Make	Model	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Vehicle Identification Number		
Color	Style	Owner Name	
Plate Number	Plate State	Plate Expiration Year	Vehicle Type <input type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Snowmobile

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VEHICLE 2 (Complete the following section for additional vehicles)

Year	Make	Model	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Vehicle Identification Number		
Color	Style	Owner Name	
Plate Number	Plate State	Plate Expiration Year	Vehicle Type <input type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Snowmobile

VEHICLE 3 (Complete the following section for additional vehicles)

Year	Make	Model	
<input type="checkbox"/> Add <input type="checkbox"/> Remove	Vehicle Identification Number		
Color	Style	Owner Name	
Plate Number	Plate State	Plate Expiration Year	Vehicle Type <input type="checkbox"/> Auto <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> Snowmobile

To list more than three vehicles, photocopy or print another copy of this page, complete the vehicle section and attach to this form.

WATERCRAFT (Complete the following section for any watercraft registered to you or that you frequently use)

Year	Make	Model	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Color	Type	Owner Name		
Registration Number	Registration State	Registration Expiration Date	Hull Shape	Hull Material

To list more than one watercraft, photocopy or print another copy of this page, complete the watercraft section and attach to this form.

AIRCRAFT (Complete the following section for any aircraft registered to you or that you frequently use)

Year	Make	Model	<input type="checkbox"/> Add <input type="checkbox"/> Remove	
Color	Type	Owner Name		

To list more than one aircraft, photocopy or print another copy of this page, complete the aircraft section and attach to this form.

PROFESSIONAL LICENSURE (List any current professional licenses - Commercial Driver's License does not apply)

Association Name				
Telephone Number	License Number	License Expiration Date	License Type	
Address				
City	County	State	ZIP Code	

If you hold more than one professional license, photocopy or print another copy of this page, complete the professional licensure section and attach to this form.

E-MAIL (if you currently have access to an e-mail address, complete the following section)

Email Address 1	Email Address 2
Email Address 3	Email Address 4

If you currently have access to more than four e-mail addresses, photocopy or print another copy of this page, complete the e-mail section and attach to this form.

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INTERNET SERVICE PROVIDER (if you currently have an Internet Service Provider, such as Mid-Continent, or have Internet access on your cell phone, complete the following section)

Internet Service Provider 1	Internet Service Provider 2
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If you currently have access to more than two Internet Service Providers, photocopy or print another copy of this page, complete the Internet Service Provider section and attach to this form.

WEBSITE (if you currently have access to a website account, such as Facebook, Snapchat, or Twitter, complete the following section)

Website Name 1	User Name 1
Website Name 2	User Name 2
Website Name 3	User Name 3
Website Name 4	User Name 4

If you currently have access to more than four website accounts, photocopy or print another copy of this page, complete the website section and attach to this form.

Registering Agency Requirements <input type="checkbox"/> New Photo <input type="checkbox"/> Verified by Photo ID <input type="checkbox"/> Palm Print Card <input type="checkbox"/> FBI Fingerprint Card
DNA Requirements <input type="checkbox"/> Confirmed via CWIS that DNA is in the North Dakota DNA database
DNA Requirements <input type="checkbox"/> Collected and submitted DNA sample to the North Dakota State Crime Laboratory

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

I, the undersigned, hereby acknowledge in accordance with North Dakota law. I acknowledge that I must maintain 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	Today's Date
Registering Agency	Registering Agency's Representative (please print)

Original to Attorney General (BCI Offender Registration)
Copy to Registering Agency
Copy to Offender

Mail to: BCI Offender Registration
PO Box 1054
Bismarck, ND 58502-1054

Please provide a copy of your Driver's License or Identification and Professional Licensure