SEXUAL OFFENDER Data Requirements

OFFENDER INFORMATION

- PA SID
- Social Security Number
- Date of Birth
- First Name
- Middle Name
- Last Name
- Gender: Male/Female/Unknown
- Suffix

REGISTRATION INFORMATION

- PA Active Registration Date
- PA Historical Registration Date 1
- PA Historical Registration Date 2

Offender Status: • Active

- Active Transient
- Inactive Moved
- Active-Incarcerated
- Inactive Deported

Offender Type:

Tier 2

Tier 1

- Tier 3
- Tier Pending
- Sexually Violent Predator
- Sexually Violent Delinquent Child
- Juvenile Offender

PHYSICAL DESCRIPTION

Physical Description:

- Does Offender Wear Glasses? Yes/No
- Height Feet/Inches
- Weight Lbs.
- Eye Color
- Hair Color

Race: • White

- Black
- Indian/Alaskan Native
- Asian/Pacific Islander
- Unknown

Ethnicity: Hispanic

- Non-Hispanic
- Unknown

Birth Information: Birth State

Birth Country

Does Offender have a mobile phone? Yes or No

Other Phone

IDENTIFIERS

Identifiers:

- Have Palm Prints Been Taken? Yes/No
- Immigration (Alien) ID
- Has DNA Been Taken? Yes/No
- **Immigration Status**
- **Passport Number**
- FBI Number
- Inmate Number
- NCIC Number

ALIASES

Current Aliases/Nicknames – Listing First Name and Last Name

SCARS/MARKS/TATTOOS/MISSING BODY PARTS (AMPUTATIONS)

Types of Markings for Identification:

- Scars Location of scars and detailed description.
- Tattoos Location of tattoos and detailed description.
- Amputations Location and detailed description.

Marks: Types of marks, location of marks and description of marks:

- **Deformities**
- Mole
- Skin
- Unknown

ADDRESS INFORMATION

Correctional Facility:

- Name of Facility

 - Description
- Telephone Number
- Street Address 1
- Street Address 2
- City
- State

- Zip Code
- County
- Country
- Municipality (City/Township/Boro)
- Start Date
- End Date
- Responsible Agency

Residence(s) Address(es) – Physical Location of Offender:

This information is required for all residences.

Primary Residence :

- Description
- Telephone Number
- Street Address 1
- Street Address 2 Include Apartment/Room#
- City
- State

- Zip Code
- County
- Country
- Municipality (City/Township/Boro)
- Police Agency Having Jurisdiction
- Transient/Temporary

Mailing Address: Is the mailing address the same as the physical address? Yes/No

- Mailing Address Street Address 1
- Zip Code

- City
- Mailing Address Street Address 2
- County

SCHOOL INFORMATION

- Name of School
- Additional Info.
- Is School Current? Yes/No
- Telephone number
- Street Address 1
- Street Address 2 Include Apartment/Room#
- City
- State

- Zip Code
- County
- Municipality (City/Township/Boro)
- Country
- State Date
- End Date
- Police Agency Having Jurisdiction

EMPLOYMENT INFORMATION

Information Required for all Employers of Offender:

- Employer
- Country
- City
- Occupation/Job Title
- State Date
- Zip Code
- Zip Code
- Telephone Number
- Police Agency Having Jurisdiction
- Municipality (City/Township/Boro)

- Street Address 2
- Is Employment Current? Yes/No
- General Work Area
- State
- Supervisor's Name
- End Date
- County

Vehicle Ownership:

Street Address 1

Information Requested for all Vehicles Owned or Operated by Offender:

Vehicle Type: •

- Aircraft
- Auto
- BoatMotorcycle
- Trailer
- Truck
- Other

- Loaner
- Work
- Registered to Member of Household
- Registered to Relative That Does not Share Residence
- Personal
- Rental
- Registered to Acquaintance
- Other

Vehicle Data: •

- Year
- Make
- Model
- Style
- Vehicle Primary Color
- Vehicle Secondary Color
- Vehicle Identification Number (VIN)
- Is this vehicle registered? Yes/No

- Plate Number
- State
- Is license Plate Expiration Date Non-expiring? Yes/No
- License Plate Type
- Additional Details
- General Parking Locations
- Is this Vehicle Current? Yes/No

OFFENDER'S INTERNET IDENTIFIERS

- Email Address: Is Email Address Current? Yes/No. List ALL email addresses affiliated with offender.
- Site Identifiers: List ALL identifiers affiliated with offender.
- Site Affiliation(s): i.e. Facebook, Twitter, Tagged, Myspace, etc.

OFFENDER'S LICENSE INFORMATION

Driver's License: • Driver's License Number •

Issuing State • Is License Current? Yes/No

Professional License: • License Number

License NumberLicense TypeIssuing StateExpiration Date

Issuing Agency
Is License Current? Yes/No

OFFENDER'S OFFENSES

Country of Conviction

State of Conviction

• County of Conviction

OTN

Offense

Offense Date

Arrest Date

Conviction Date

Was Offender Convicted as a Juvenile? Yes/No

Expiration Date

Was the Juvenile Offender Civilly Committed? Yes/No

Additional Information

Were Any of the Offender Victims a Minor? Yes/No

*Victim Information – To be repeated for each victim

Age
Gender: Male/Female/Unknown
Relationship

CONFINEMENT AND SUPERVISION

Under this section Additional Comments can be made.

• Confinement Correctional Facility

Confinement Start Date

Confinement End Date

Is Offender Under Supervision? Yes/No

Supervising Agency

Supervision Start Date

Supervision End Date

Parole Number