



# **SHERIFF**

## **SEMINOLE COUNTY**

### **Domestic Security Division**

Seminole County Sheriff's Office, 100 Eslinger Way, Sanford, FL 32773

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## **FELON REGISTRATION FORM**

**YOU MUST COMPLETE ALL PAGES OF THIS FORM**

Florida State Statute 775.13 states that any person who has been convicted of a felony in any court of this state and/or whose offense may have been found, pursuant to s. 874.04, to have been committed for the purpose of benefiting, promoting, or furthering the interests of a criminal gang, the registrant shall identify himself or herself as such an offender, shall within 48 hours after establishing temporary or permanent residence in this state, register with the sheriff of said county, **regardless of whether adjudication was withheld.**

Likewise, any person who has been convicted of a crime in any federal court or in any court of a state other than Florida, or of any foreign state or country, which if committed in Florida would be a felony, shall forthwith within 48 hours after entering any county in this state, register with the sheriff of said county in the same manner as provided in the above listed paragraph. Failure of any such convicted felon to comply with Florida State Statute 775.13 shall constitute a misdemeanor of the second degree, punishable as provided in FSS.775.082 or 775.083.

In addition, Florida State Statute 837.06 states that whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of **MAKING A FALSE OFFICIAL STATEMENT**, punishable as provided in 775.082 or 775.083. Furthermore, Florida State Statute 837.02 states that whoever knowingly makes a false statement, which he/she does not believe to be true, under oath in an official proceeding in regards to any material matter shall be guilty of **PERJURY IN OFFICIAL PROCEEDINGS**, which is a felony of the 3<sup>rd</sup> degree, punishable as provided in FSS. 775.083 or 775.084.

I, \_\_\_\_\_, certify that the information given in the following questionnaire concerning the listed material is true to the best of my knowledge. I further certify that I am aware of the following statutes and penalties as provided by FSS 837.02, 837.06, and 775.083 to wit; whoever knowingly makes a false statement in writing with the intent to mislead any law enforcement officer in the performance of his/her official duty is guilty of a misdemeanor of the second degree, punishable by a definite term of imprisonment not exceeding sixty days.

I understand that my name, address & charges for which I am registering may be placed on the Seminole County Sheriff's Office website & remain posted to public view for one year or until I complete my sanctions which include probation, parole, community service & community control (life for sex offenders, sexual predators and career offenders); whichever is later. I understand the sheriff's office and/or police department may stop by to conduct residency checks. I understand that if my records are sealed and/or expunged or my sanctions are terminated early, it is my responsibility to provide such order(s) from a court of competent jurisdiction or my probation officer (early termination only) to the Sheriff's Office Felon Registrar.

I also understand that if I am a convicted Sex Offender or Sexual Predator, I am required, under the provisions of the Florida Jessica Lundsford Act, to report, in person, to the Sheriff's Office in the county where I reside, either twice a year or quarterly to re-register my information, regardless of whether I am under supervisory control. I further certify that I have read and understand the Seminole County Ordinance 2005-41, if applicable to me, as a sexual predator or sexual offender with a victim less than 16 years of age.

If you are a resident of the City of Oviedo or have an Oviedo mailing address, you may be subject to the jurisdiction of the City of Oviedo's sexual offender ordinance. Please refer to their pamphlet for further information.

**It is your obligation to ensure that you are in compliance with State law, Seminole County Ordinance 2005-41, and the City of Oviedo Ordinance.**

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ OR HAVE BEEN READ THE INFORMATION ON THIS FORM.**

**Under penalty of perjury I declare the information is true and correct.**

**Registrant:** \_\_\_\_\_ **Reporting Officer:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## REGISTRATION QUESTIONNAIRE

**PRINT CLEARLY** and answer each question to the best of your knowledge.

Last Name: \_\_\_\_\_ Jr., Sr., III \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Also Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ MM/DD/YY

Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Height (feet/inches): \_\_\_\_ Ft. \_\_\_\_ In.                      Weight (lbs.) \_\_\_\_\_

Hair Color: \_\_\_\_\_                      Eye Color: \_\_\_\_\_

CORRECTIVE LENSES: \_\_\_\_\_ Glasses, \_\_\_\_\_ Contacts, \_\_\_\_\_ None

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

DL/ID Number: \_\_\_\_\_ State: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Home Address Information:

Subdivision \_\_\_\_\_ Apartment Complex \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Job Description: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Vehicle Year & Make \_\_\_\_\_ Vehicle Type \_\_\_\_\_  
Vehicle Color \_\_\_\_\_ Vehicle License Number \_\_\_\_\_ State \_\_\_\_\_

**Print the following information regarding your parents, significant other, children & siblings. If any family members are deceased, write DECEASED in Current Street Address.**

Father's Full Name: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_

**If you are married, divorced, separated, or have a significant other such as a friend, roommate, girlfriend, boyfriend or landlord complete the following section.**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Current Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Business Phone: (\_\_\_\_) \_\_\_\_\_

**List your children:**

Child's Full Name: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

**List your siblings:**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

**List the following information:**

DOC Number: \_\_\_\_\_

**Prior to this offense** have you ever been convicted of any felony or attempted felony, regardless of whether adjudication was withheld? \_\_\_\_\_ YES \_\_\_\_\_ NO

Have you been convicted as a sex offender or sexual predator? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, what was the age of your victim at the time of offense? \_\_\_\_\_

If yes, are you now currently, or do you plan to be, a student or employee at any School, College or University in the State of Florida? \_\_\_\_\_ YES \_\_\_\_\_ NO

Where? \_\_\_\_\_

Have you ever been affiliated with a gang, hate group, anti-government organization, militia or similar group? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name of gang/set/group: \_\_\_\_\_

If yes, are you willing to discuss your affiliation to an Investigator? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you on Probation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you on Community Control? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, how long? \_\_\_\_\_

Name of Probation/Community Control Officer: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Have you ever submitted a DNA or swab samples? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, at which agency or institution?

\_\_\_\_\_ Date: \_\_\_\_\_

Which county did your current offense occur? \_\_\_\_\_

What charges were you sentenced to? \_\_\_\_\_

What sentence did you receive in court? \_\_\_\_\_

Sentencing Date: \_\_\_\_\_

Release Date Prison/Jail: \_\_\_\_\_

Probation Termination Date: \_\_\_\_\_

**END OF FELON REGISTRATION FORM**

**Indicate any tattoos, scars, marks, piercings and place them in the correct body part listed below. If the tattoo is a name, please write the actual name of the individual.**

<b>Left Fingers:</b>
<b>Left Hand:</b>
<b>Left Arm:</b>
<b>Right Fingers:</b>
<b>Right Hand:</b>
<b>Right Arm:</b>
<b>Chest:</b>
<b>Abdominal:</b>
<b>Left Leg:</b>
<b>Left Foot:</b>
<b>Right Leg:</b>
<b>Right Foot:</b>
<b>Back:</b>
<b>Neck:</b>