

Sex Offender ***Compliance***

Check Forms for Patrol Officers



Sex Offender Compliance Check Forms for Patrol Officers

Introduction

The Sex Offender Registration and Notification Act (SORNA), also referred to as Title I of the Adam Walsh Child Protection and Safety Act of 2006 (Pub. L. No. 109-248), provides minimum guidelines for sex offender registration and notification in the United States. One important aspect of this Act is the enforcement of requirements implemented as a result of these guidelines. However, agencies tasked with helping to ensure sex offender compliance use a variety of data collection and reporting strategies.

To help address this issue, this booklet supplies two sex offender compliance check forms representing best practices among law enforcement agencies that routinely conduct these compliance/verification checks. Each form provides a systemic framework for obtaining information necessary to help ensure public safety.

The first compliance check form, the short form, is geared toward patrol officers who conduct routine verification visits to registered sex offenders' homes, places of employment, and/or schools they attend. Officers may use this short form to gather basic information detailing their visit and to determine the sex offender's level of compliance or the need for investigative follow-up.

The second, the long form, is designed for more in-depth visits to or with sex offenders at their homes, places of employment, and/or schools. This form may be used as an investigative follow-up tool or when an offender is deemed to be not in compliance and additional action is necessary.

These forms are available on the COPS Office website at www.cops.usdoj.gov/RIC/ResourceDetail.aspx?RID=623. Both may be used as internal documentation or as external reporting instruments. Additional information about SORNA and reporting requirements in the United States can be found at www.nsopw.gov.

SEX OFFENDER COMPLIANCE CHECK – SHORT FORM

This form is to be used during standard offender compliance visits to sex offenders' homes, places of employment, and schools they attend in this jurisdiction. Please read each line carefully. Double click the gray fields to add text in the "Default text" box.

OFFENDER INFORMATION	Name _____	
Race _____	DOB _____	SSN _____
VERIFICATION LOCATION	<input type="checkbox"/> Home Address _____ <input type="checkbox"/> Work Address _____ <input type="checkbox"/> School Address _____	
CONTACT RESULTS	If no contact is made with the offender, check and list the name(s) of the individual(s) contacted at the verification location. <input type="checkbox"/> At home <input type="checkbox"/> Not at home <input type="checkbox"/> Neighbor _____ <input type="checkbox"/> No answer <input type="checkbox"/> Landlord _____ <input type="checkbox"/> At work/school <input type="checkbox"/> Employer _____ <input type="checkbox"/> Not at work/school <input type="checkbox"/> Other _____	
The contact states the offender <u>does</u> reside at the above address but is not home. This was verified by observing the offender's sleep area, clothing, personal items, mail, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> COMPLIANT	<input type="checkbox"/> NOT IN COMPLIANCE (Explain in Comments section)	<input type="checkbox"/> NEEDS FURTHER INVESTIGATION (Explain in Comments section)
COMMENTS (Type or write comments in the space provided below.)		
Number of Contact Attempts _____	Date(s) and Time(s) Attempted ____/____/____ : ____ ____/____/____ : ____	Date Verification Confirmed ____/____/____
Name(s) of Officer(s) _____		Badge Number(s) _____
_____		_____

SEX OFFENDER COMPLIANCE CHECK – LONG FORM

This form is to be used during standard offender compliance visits to sex offenders' homes, places of employment, and/or schools they attend in this jurisdiction. Please read each line carefully. Double click the gray fields to add text in the "Default text" box.

OFFENDER'S NAME _____		REG.# _____
DOB _____	SSN _____	RACE _____
RESIDENCE		
ADDRESS _____ _____		
IS THERE A COMPUTER WITH INTERNET ACCESS IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EMAIL 1 _____		EMAIL 2 _____
HOME PHONE _____	CELL PHONE _____	WORK PHONE _____
OWN <input type="checkbox"/>	RENT <input type="checkbox"/>	OTHER <input type="checkbox"/> _____
HOUSEHOLD OCCUPANTS (Name and Age)		
_____		_____
_____		_____
_____		_____
VEHICLES (PERSONAL AND WORK)		
MAKE _____	MODEL _____	LICENSE _____
MAKE _____	MODEL _____	LICENSE _____
WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMPANY NAME _____		
ADDRESS _____		
SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO		
SCHOOL NAME _____		
ADDRESS _____		

☞ Complete the reverse side ☜

WITNESS STATEMENT (Type or write statement in the space provided below.)

NAME (printed) _____ DATE _____

SIGNATURE _____ TELEPHONE _____

COMMENTS/NOTES (Type or write comments in the space provided below.)

COMPLIANT **NOT IN COMPLIANCE** **NEEDS FURTHER INVESTIGATION**

OFFICER NAME _____ BADGE NO. _____

SIGNATURE _____ DATE _____

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