##

CHECK ONE:

( ) New Registration

( ) Quarterly Registration

( ) Yearly Registration

( ) Address Change

( ) Employment Change

( ) School Change

( ) Temporary Address

( ) Homeless

**Alabama Law Enforcement Agency**

**Sex Offender Registration**

Form 47

Revised Sept 2015

## ALEA Master Seal Color - Copy (2)

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| Offender Information |
| **Full Name** | Last | First | Middle | Suffix |
| Social Security Number | Birth Date | Place of Birth | Blood Type |
| Alternate SSN  | Alternate DOB | Home/Cell Phone ( ) | Work Phone( ) |
| Race | Sex | Hair Color | Eye Color | Height | Weight | Skin Tone |
| Aliases/Nicknames/Ethnic/Tribal Names | Email Address | RegistrationStatus | ( ) Absconded ( ) Unknown( ) Compliant ( ) Non-compliant |
| **Nearest****Relative** | Name | Relationship  | Phone Number( ) |
| **Offender’s Address** | Mailing Address | 🞏 Check if temporaryList Date Range: |
| Street Address (if different)  | Apartment # | Time at this residence |
| City | County | State | Zip Code |
| Are there any minors living at this address? (List names/age/relationship) |
| Previous Address |
| Street | Apartment # |  |
| City | County | State | Zip Code |
| Checked for warrants Y 🞏 N 🞏 | **Outstanding warrants** Y 🞏 N 🞏 |
| FBI Number | SID Number | AIS Number |
| Any Cautions/Medical Conditions | Scars/Marks/Tattoos |
| Employment / School Information including day labor, volunteer, unpaid internship, etc. |
| **Occupation** | Offender’s Position or Job Title | Is this employment within 2,000 ft of a school or daycare? Y  N  |
| Employer | Name  |
| Address |
| Work Location (if different than employer address) |
| **School** | School Name | School Address  |

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| **Other Identifying Information** |
| Driver License/State ID numbers (include issuing State) |
| Passport, Military ID, Immigration ID, Professional Licenses, etc. |
| Professional Licenses (include type and number) |
| Offense Information |
| Offense (include code section if known) (attach additional sheets if necessary) | UCR Code |
| Offense Description |
| Date of Arrest | State of Crime | City of Crime | Court Case # | Disposition Date |
| **Victim** | Age | Race/Sex | Relationship |
| Weapon | Type | Make | Description |
| **Court**(Check one in each box) | **Jurisdiction** | **Type** | **Status** | **DNA Available** |
| 🞏 Alabama conviction🞏 Out of State🞏 Military🞏 Federal | 🞏 Youthful Offender🞏 Juvenile🞏 Adult | 🞏 Probation🞏 Parole🞏 None | 🞏 Yes🞏 No |
| Vehicle Information including land, aircraft and watercraft vehicles |
| Select: 🞏 Personal 🞏 Work 🞏 Other ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type | Make | Model | Style/Color | Tag # / State  | Year |
| Vehicle Identification # | Address vehicle is kept | Plate Category | Plate Type | Year Expires |
| Select: 🞏 Personal 🞏 Work 🞏 Other ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Type | Make | Model | Style/Color | Tag # / State | Year |
| Vehicle Identification # | Address vehicle is kept | Plate Category | Plate Type | Year Expires |

By signing below, I affirm that all the information I have given is true and correct and is in compliance with the Alabama Sex Offender Registration and Community Notification Act. Failure to accurately complete and return this form could result in a felony conviction.

Offender Signature Date

Reporting Officer Signature Date

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| **Responsible Agency** |
| **Reporting Officer** |  |
| **Agency Name**  |  |
| **Address** |  |
| **Phone** |  |
| **Contact Email** |  |
| After verifying the offender information for accuracy and completeness, enter your agency identifying information and email or mail this form along with a current photograph and fingerprints of the offender to: | **ALEA Sex Offender Registration Unit**P O Box 1511Montgomery AL 36102-1511 | sexoffenderunit@alea.gov Main (334) 353-1172Fax (334) 353-2563 |