

Office of Juvenile Justice
Juvenile Sex Offender Pre-Registration Form

B.2.17(a)

Email completed form to: OJJ General Counsel

Instructions: To be completed by facility staff 10 days prior to release date. Please fill in all applicable boxes below each description. A picture of the youth and a copy of the fingerprint card must be sent with this form.

Date:

Offender's Information:

| Last Name | First Name | Middle Name |
|-----------|------------|-------------|
| | | |

Aliases

| Date of Birth | Place of Birth | SID# | JETS# |
|---------------|----------------|------|-------|
| | | | |

| SSN# | Driver's License # / State Issued |
|------|-----------------------------------|
| | |

| Race | Sex | Height | Weight |
|------|-----|--------|--------|
| | | | |

| Hair and Eye Color | Complexion | Build | Mustache | Beard | Hair Style |
|--------------------|------------|-------|----------|-------|------------|
| | | | | | |

Scars, Marks, Tattoos with Locations of All

| Physical Address (if returning to community) | Street | City | Parish | State | Zip |
|--|--------|------|--------|-------|-----|
| | | | | | |

| Any Other Addresses Used | Street | City | Parish | State | Zip |
|--------------------------|--------|------|--------|-------|-----|
| | | | | | |

| Mailing Address (if different than physical address) | Street | City | Parish | State | Zip |
|--|--------|------|--------|-------|-----|
| | | | | | |

Program Name and Phone Number (if stepping down to non-secure)

Program Address (if stepping down to non-secure)

| Primary Place of Employment | Street | City | Parish | State | Zip |
|-----------------------------|--------|------|--------|-------|-----|
| | | | | | |

| Additional Place of Employment | Street | City | Parish | State | Zip |
|--------------------------------|--------|------|--------|-------|-----|
| | | | | | |

Route of Travel (if not fixed address applicable)

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Name of School Attending

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| LA Adjudication | Federal/Military Offender | Nonresident Worker/Student | Tribal | Out-of-State Adjudication |
|-----------------|---------------------------|----------------------------|--------|---------------------------|
| | | | | |

| Date of Adjudication | Place of Adjudication | Crime Adjudication (R.S.) | DNA Date |
|----------------------|-----------------------|---------------------------|----------|
| | | | |

Sexual Perpetrator Treatment Received? (Check one) Yes No

Vehicle Information - Enter the following information for each vehicle owned, or has access to:

| Vehicle Year | Make | Model | Style | Color |
|--------------|------|-------|-------|-------|
| | | | | |

| VIN# | License Plate # | License Plate State |
|------|-----------------|---------------------|
| | | |

Online Screen Name - Enter the following information for each name and account:

| Account Description (Yahoo, MySpace, Facebook, etc.) | Online Screen Name |
|--|--------------------|
| | |

Phone Numbers - List all phone numbers, name of person and description (home, work, cell, etc.)

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| Printed Name of Person Completing This Form | Signature of Person Completing This Form |
|---|--|
| | |