

**VERMONT SEX OFFENDER REGISTRY  
NOTIFICATION OF REQUIREMENT TO REGISTER**

13 VSA, Chapter 167, Subchapter 3, established the Vermont Sex Offender Registry. The crime (s) you have been convicted of, require that you register with the Vermont Sex Offender Registry located at:



Vermont Crime Information Center (VCIC)  
Department of Public Safety  
103 South Main Street  
Waterbury, Vermont 05671-2101  
802-241-5400



1. Name: \_\_\_\_\_  
Last
First
Middle

2. Date of Birth: \_\_\_\_\_ 3. Sex: \_\_\_\_\_ 4. Race: \_\_\_\_\_ 5. SS#: \_\_\_\_\_

6. Height: \_\_\_\_\_ 7. Weight: \_\_\_\_\_ 8. Eye Color: \_\_\_\_\_ 9. Hair Color: \_\_\_\_\_

1. Currently Incarcerated: Yes \_\_\_\_\_ (if Yes date of Incarceration) \_\_\_\_\_ No: \_\_\_\_\_

2. **Date Released on:** Furlough: \_\_\_\_\_ Probation: \_\_\_\_\_ Parole: \_\_\_\_\_ Max Out: \_\_\_\_\_

3. DOC Field Office: \_\_\_\_\_

4. Probation/Parole Officer: \_\_\_\_\_

5. Treatment Compliance: (Completed, Currently Enrolled or Entering Treatment) Yes: \_\_\_ No: \_\_\_ Fail / Ineligible: \_\_\_

6.. High Risk Designation: Yes: \_\_\_ No: \_\_\_

**\*\*CHANGE OF ADDRESS/SUPERVISION/TREATMENT FORMS REQUIRED UPON RELEASE\*\***

1.. Current Home (911) Address:

Number	Street	Apt/Unit #	City	State	Zip

**\*\*\*YOU MUST PROVIDE THE MAILING ADDRESS EVEN IF IT IS THE SAME AS THE PHYSICAL ADDRESS\*\*\***

2. Current Mailing Address:

Number	Street/PO Box	Apt/Unit #	City	State	Zip

3. Telephone (Home) #: \_\_\_\_\_ Cell #: \_\_\_\_\_

4. Are there persons under the age of 18 living with you? Yes: \_\_\_ No: \_\_\_

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1. Current Employer: \_\_\_\_\_  
Name of Employer

Employer's Address: \_\_\_\_\_  
Number Street City State Zip

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

2 University/College: \_\_\_\_\_

School Address: \_\_\_\_\_  
Number Street City State Zip

Email Addresses:	Screen Name	Provider
1. _____	1. _____	_____
2. _____	2. _____	_____
3. _____	3. _____	_____
4. _____	4. _____	_____

21. Conviction Information: **VERMONT CONVICTIONS**

**ONLY SEX OFFENSE CONVICTIONS ARE TO BE LISTED BELOW**  
**\*\*\*YOU MUST PROVIDE THE AGE OF THE VICTIM(S)\*\*\***

Docket #	Date of Conviction	Offense	Sentence	Age of Victim	Gender of Victim
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

22. Any victims under 13 Yrs old? Yes \_\_\_\_\_ No \_\_\_\_\_

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**OUT OF STATE CONVICTIONS ONLY:**

State of Conviction	Date of Conviction	Offense	Sentence	Age of Victim	Gender of Victim
State of Conviction	Date of Conviction	Offense	Sentence	Age of Victim	Gender of Victim
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23. Fingerprints/Photographs: Attached: \_\_\_\_\_ or Previously Submitted On: \_\_\_\_\_ By: \_\_\_\_\_

**Vehicle Information (if required):**

**Vehicle 1:**

1. Year: \_\_\_\_\_ 2. Make: \_\_\_\_\_ 3. Model: \_\_\_\_\_ 4. Type: \_\_\_\_\_  
5. Plate Number: \_\_\_\_\_ 6. Vin: \_\_\_\_\_

**Vehicle 2:**

1. Year: \_\_\_\_\_ 2. Make: \_\_\_\_\_ 3. Model: \_\_\_\_\_ 4. Type: \_\_\_\_\_  
6. Plate Number: \_\_\_\_\_ 6. Vin: \_\_\_\_\_

**By law you must comply with the following requirements:**  
**\* Registrant's Initials signify understanding of each requirement\***

**Registrant's Initials:**

- 1. You must notify your caseworker within 24 hours of any change of address, employment information or any enrollment in any post-secondary educational institution for as long as you are being supervised by the Vermont Dept of Corrections. **I understand this requirement** \_\_\_\_\_
  
- 2. If your employer requires you to work or volunteer at a college campus, you must provide the name of the post-secondary educational institution to the Registry. If you become employed or you attend a post-secondary educational institution in another state, while residing in Vermont, you must register with that state. **I understand this requirement** \_\_\_\_\_
  
- 3. If there anyone in your residence under 18 or if someone under 18 moves into your residence, you must notify The Registry and/or your Probation officer within 3 days. **I understand this requirement** \_\_\_\_\_
  
- 4. After you are discharged from supervision of the Department of Corrections you must notify VCIC of any changes to the information listed above in #'s 1, 2 and 3 within three (3) days. **I understand this requirement** \_\_\_\_\_
  
- 5. If you intend to move to another state, you must notify VCIC about your change of address within 3 days. You must contact the local law enforcement agency in the new state immediately to comply with their registry laws. **I understand this requirement** \_\_\_\_\_
  
- 6. Within 10 days of your birth date, you will receive a form from VCIC verifying your current physical and mailing address, current employment information and any enrollment in any post-secondary educational institution. You must complete the form and return it to VCIC within 10 days. **I understand this requirement** \_\_\_\_\_
  
- 7. If your information is posted on the internet you must provide a new photograph every year at the time of your Address Verification requirement. **I understand this requirement** \_\_\_\_\_
  
- 8. If you have been designated as a Violent Sexual Predator, you must verify your address every 90 days with the registry. **I understand this requirement** \_\_\_\_\_
  
- 9. If you become Homeless, you must contact the Registry on a daily basis with your exact location. **I understand this requirement** \_\_\_\_\_
  
- 10. You must continue to comply with the requirements listed above for 10 years from the date you are discharged from supervision from the Department of Corrections. If you have been designated a Sexually Violent Predator, a Sexual Recidivist or have been convicted of a Sexually Violent Crime as described in 13 VSA Chapter 167, §5407, Subsection (f), 1, 2 and 3, you must continue to comply with the requirements listed above for life. **I understand this requirement** \_\_\_\_\_

Failure to comply with any of the requirements indicated above is grounds for a warrant to be issued for your arrest. If you are convicted of failing to comply with the law you could be imprisoned for not more than two years and/or fined not more than \$1000. A second or subsequent offense could result in a sentence of imprisonment of not more than 3 years and/or a fine of not more than \$5000.

**I understand the penalty of failing to comply with these requirements.** \_\_\_\_\_  
Registrant's Initials

**I have read and understand the above requirements of the Vermont Sexual Offender Registry**

REGISTRANT'S NAME (PRINT)	REGISTRANT'S SIGNATURE	DATE
WITNESS NAME (PRINT)	WITNESS SIGNATURE	DATE

**CHECK HERE IF REGISTRANT REFUSED TO INITIAL OR SIGN THIS NOTIFICATION:** \_\_\_\_\_