



Law Enforcement Use Only	
CAFE () - _____
RF _____	OBTS _____
Category Level _____	

Seminole County Sheriff's Office, 100 Bush Blvd, Sanford, FL 32773-6706

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 3rd degree, punishable as provided in FSS. 775.083 or 775.084.

(Revised October 2014)

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: ____/____/____

Indicate the exact location of any scars, marks, piercings and/or tattoos. Describe what they are: _____

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