

**WASHINGTON STATE PATROL IDENTIFICATION SECTION
Sex Offender New Registration or
Moving out of the County**

Full name of registrant:							
Last		First			Middle		
SID Number		FBI Number			Social Security Number		
DOB	Place of Birth	Sex	Race	Height	Weight	Hair	Eyes
Convicted of:				Aliases used			
Date of conviction:				Place of conviction:			
Last registered address:							
Street:		Apt. #					
City:		Zip					
New address:							
Street:		Apt. #			Phone number:		
City:		Zip					
Employer Name/Phone:		Name Number		Case Number		FI Number	
Name and Address of School Currently Attending or Planning to Attend:							
Signature of Offender				Date			
Registering Officer							
Douglas County Sheriff's Office 110 NE 3 rd Street East Wenatchee, WA 98802 509-884-0941							

Sex Offender Questionnaire

Offender Name: _____ Date: _____

DCSO Incident Number: _____

1. **Have you been ordered to, or been recommended**
 - a. To participate in Sex Offender Treatment YES / NO
 - b. Have you participated in Sex Offender Treatment? YES / NO
2. **Was the treatment during your incarceration for the Offense requiring you to register?** YES /NO
3. **If you have participated in Sex Offender treatment which of the following statements best describes your treatment.**
 - a. I successfully completed the program.
 - b. I am currently in the program or am on a waiting list.
 - c. I did not complete the program.
4. **If you have participated in Sex Offender Treatment;**
 - a. Who was the treatment provider?

 - b. What is the name of the treatment facility?

 - c. Did you complete the treatment? YES / NO
5. **Who lives in your home, and what is their relationship to you?**

Sex Offender Questionnaire

Offender Name: _____ Date: _____

DCSO Incident Number: _____

6. Are you enrolled in school? YES / NO

7. If you are enrolled, what is the name of the school you attend?

8. What is your employment status;

- a. Full Time
- b. Part Time/Seasonal
- c. Unemployed
- d. Disabled/retired/unable to work

9. Which choice best describes your significant/marital relationships?

- a. I am under the age of 25 and have not been married.
- b. I am over the age of 25 and have been married once or twice.
- c. I am over the age of 25 and have been married three or four times.
- d. I am over the age of 25 and have been married five or more times.
- e. I am over the age of 25 and have never been married.

Sex Offender Questionnaire

Offender Name: _____ Date: _____

DCSO Incident Number: _____

10. Have you been diagnosed with any of the following conditions?

- a. Fetishism
- b. Pedophilia
- c. Voyeurism
- d. Zoophilia
- e. Coprophilia
- f. Urophilia
- g. Transvestism
- h. Exhibitionism
- i. Frotteurism/Frottage
- j. Sexual Sadism
- k. Sexual Masochism
- l. Telephone Scatologia
- m. Rape NOS
- n. Necrophilia

11. Were you disciplined during your incarceration for the Offense requiring you to register? YES / NO

12. Which of the following statements best describes any Chemical Dependency Treatment you have had or been recommended to participate in.

- a. Not recommended.
- b. Recommended and successfully completed.
- c. Recommended and currently in program, on a waiting list, or recommended but have had insufficient time to get into a program.
- d. Recommended and refused to participate or quit, or I was deemed non-amenable to treatment.
- e. Recommended and terminated from program.

HARVEY GJESDAL
SHERIFF

DON E. CULP
UNDERSHERIFF

MICHAEL R. WAGG
CHIEF CRIMINAL DEPUTY

KELLY A. SOLTWISCH
CHIEF CIVIL DEPUTY



DOUGLAS COUNTY SHERIFF

DEDICATION / COMMITMENT / SERVICE

Main Offices / Administration

110 N.E. 2ND STREET, SUITE 200
EAST WENATCHEE, WA. 98802
(509) 884-0941 / (509) 884-1125
FAX (509) 886-1045

Court House

POST OFFICE BOX 665
WATERVILLE, WA. 98858
(509) 745-8564
FAX (509) 745-8806

North District Sub-Station

POST OFFICE BOX 490
BRIDGEPORT, WA. 98813
(509) 686-3741
FAX (509) 686-4671

www.douglascountysheriff.org

SEX/KIDNAPPING OFFENDER REGISTRATION REQUIREMENTS

A condition of your Judgment and Sentence or RCW 9A.44.130 requires you to register with the county Sheriff's Department as a sex or kidnapping offender.

REQUIREMENTS OF THE LAW:

A person convicted or found not guilty by reason of insanity of a sex or kidnapping offense must register with the county Sheriff if the person resides, is a student, is employed, or carries on a vocation in Washington. Offenders who are confined by the Department of Corrections (DOC), the Department of Social and Health Services (DSHS), a local division of Youth Services, or a local jail or juvenile detention facility must register at the time of release from custody with an official designated by the agency. You must also register in person at the Sheriff's Office in your county of residence, or if not a resident in your county of school, employment, or vocation, within 3 business days of release. See RCW 9A.44.130-140 and DOC 350.255 Registration Notification.

The following information is a summary of your obligation to register with the county Sheriff. If you have any questions about your registration requirements or the length of your registration, contact the county Sheriff for further direction.

- If you move to a new address after registration, you must provide a signed written notice of your change of address to the county Sheriff in person or by certified mail within 3 business days. If you move to a new county within Washington, you must also register with the Sheriff of the new county within 3 business days of moving. Contact your county Sheriff's office for detailed information.
- If you move, work, carry on a vocation, or attend school outside Washington State, you must register in the new state and also notify the County Sheriff with whom you last registered. Contact your county Sheriff's office for detailed information.
- If you reside outside Washington State but work or attend school in Washington State, you must register with the Sheriff in the county in which you work or attend school 3 days prior to arriving at the school or work location.
- If you enroll in or are employed at an Institution of Higher Learning, you must notify your county Sheriff within 3 business days prior to arriving or working at the institution. When you are no longer enrolled/employed at the institution, you will notify the Sheriff of your county of residence within 3 business days of termination. If you attend or plan to attend a public/private school

regulated under RCW 28A or RCW 72.40, you must register with the county Sheriff of the county of residence within 3 business days of enrolling or prior to arriving to attend classes, whichever is earlier. You must register immediately if already enrolled.

- If you apply to change your name, or if you obtain an order changing your name, you must submit a copy of the application or order to the county Sheriff and the Washington State Patrol within 3 business days.
- If you lack a fixed residence upon release and are under the supervision of the Department of Corrections, you must register with the Sheriff's office in your county of supervision. Persons who lack a fixed residence must report weekly, in person, to the Sheriff of the county in which they are registered. Contact the county Sheriff's office for complete registration requirements.

FAILURE TO REGISTER

- If you knowingly fail to register or to comply with the registration requirements as directed by law enforcement, you may be found guilty of a new offense. In addition you may be in violation status with the Department of Corrections.
- In addition to Washington State charges, you may be charged with a federal crime pursuant to 18 USC §2250 (The Adam Walsh Child Protection and Safety Act of 2006) for failure to register.

DUTY TO REGISTER

- How long you must register depends on the offense for which you were convicted. In addition, in some cases you may petition the court to be relieved of the duty to register, see RCW 9A.44.140. Contact your County Sheriff for more information on the length of your registration.

REMEMBER, IT MAY BE A NEW CRIMINAL OFFENSE (BOTH STATE AND FEDERAL LAW) IF YOU FAIL TO REGISTER OR FAIL TO FULLY COMPLY WITH THE REGISTRATION REQUIREMENTS UNLESS YOU ARE RELIEVED OF THE DUTY TO REGISTER. IT IS YOUR RESPONSIBILITY TO UNDERSTAND AND OBEY THE LAW.

I, _____ DOC Number _____
Offender Name (Please Print)

have read or have had read to me and received a copy of the REGISTRATION NOTIFICATION, thereby informing me of my obligation to register.

County/Cause Number SID Number Date of Birth

Offender's Signature Date Witnessing Officer's Signature Date