



**DOUGLAS COUNTY
SHERIFF'S DEPARTMENT**
Douglas County, Nevada

**Convicted Person
Registration**

Case # _____

Please Print all Information

SELECT REASON FOR APPLICATION IN DOUGLAS COUNTY										
Resident		Temporary Resident		Vacation Home		Work in Douglas County		Student		Other, specify:
NAME (last)					NAME (first)			NAME (middle)		DATE
ALIASES: (list maiden names or other names used)										
DATE OF BIRTH		AGE	SOCIAL SECURITY NUMBER				PLACE OF BIRTH			
CITIZENSHIP	HEIGHT	WEIGHT	EYES	HAIR	RACE	BUILD	CORRECTIVE VISION		Glasses	Contacts
DESCRIBE ALL SCARS, MARKS AND TATTOOS (use reverse side if additional space is needed)										
PERMANENT PHYSICAL ADDRESS			CITY			STATE		ZIP	TELEPHONE NUMBER	
TEMPORARY PHYSICAL ADDRESS			CITY			STATE		ZIP	TELEPHONE NUMBER	
LENGTH OF TIME AT PERMANENT ADDRESS			LENGTH OF TIME AT TEMPORARY ADDRESS			EXPECTED LENGTH OF TIME AT TEMPORARY ADDRESS				
Years		Months								
MAILING ADDRESS (if different than physical)			CITY			STATE		ZIP		
YOUR OCCUPATION			LENGTH OF TIME EMPLOYED		EMPLOYER NAME			TYPE OF BUSINESS		
EMPLOYER ADDRESS			CITY			STATE		ZIP	TELEPHONE NUMBER	
DRIVERS LICENSE or ID CARD NUMBER			STATE		VEHICLE MAKE (DESCRIBE TYPE OF VEHICLE YOU DRIVE)					
VEHICLE YEAR	VEHICLE COLOR		MODEL			VEHICLE LICENSE PLATE NUMBER		STATE OF LICENSE PLATE		
MARITAL STATUS					SPOUSE'S NAME					
Single	Married	Divorced	Spouse deceased							
NUMBER OF CHILDREN				PARENT INFORMATION						
Male	Female	Their ages		Complete below. If deceased, write deceased under City						
YOUR FATHER'S NAME			CITY			STATE		ZIP	TELEPHONE NUMBER	
YOUR MOTHER'S NAME			CITY			STATE		ZIP	TELEPHONE NUMBER	
RELATIVE NOT LIVING WITH YOU			CITY			STATE		ZIP	TELEPHONE NUMBER	

Applicants Initials

Interviewer Initials

Please complete the attached pages

LIST ALL PLACES OF RESIDENCE DURING THE PAST 5 YEARS

Use reverse side if additional space is needed

ADDRESS	CITY	STATE	FROM (date)	TO (date)

LIST ALL FELONY CONVICTIONS

Request supplemental form if additional space is needed

DATE OF CONVICTION	LOCATION OF CONVICTION	WHAT CRIME WERE YOU CONVICTED OF		
ARRESTING LAW ENFORCEMENT AGENCY	LOCATION OF YOUR CONFINEMENT	WHAT NAME WERE YOU CONVICTED UNDER		
WHAT WAS YOUR SENTENCE Select all that apply → → → →	JAIL TIME (enter length of time in jail) Years Months	PROBATION (enter length of probation) Years Months	Other (specify below)	
BRIEFLY DESCRIBE THE CRIME				

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BRIEFLY DESCRIBE THE CRIME				

Applicants initials

Interviewer Initials

ARE YOU PRESENTLY UNDER INDICTMENT, FREE ON BAIL OR AWAITING TRAIL ON ANY CHARGE

Yes No If you answered yes, please explain:

ARE YOU CURRENTLY ON PAROLE OR PROBATION

Yes No

NAME OF YOUR PAROLE / PROBATION OFFICER

ADDRESS OF PAROLE / PROBATION OFFICER

DO YOU ATTEND SCHOOL WITHIN DOUGLAS COUNTY

Yes No

IF SO, WHAT IS THE NAME OF THE SCHOOL

WHAT TYPE OF SCHOOL (i.e.: community college)

SCHOOL ADDRESS

Additional Notes:

NOTICE:

By your signature below, you herein acknowledge the following:

- ✓ If you change your address after registration you are required to notify the sheriff or chief of police in the county where your residence is located of your new address. Failure to do so is a misdemeanor. (N.R.S. 179C.110)
- ✓ If you have been convicted of a crime against a child or if you have been convicted as a sexual offender, you are required to notify the local law enforcement agency, within 48 hours, if you change the address at which you reside or change the primary address of your place of employment or where you attend school. If you change your address at which you reside, including moving from state to state, you are required to provide the new address in person to the local law enforcement agency in the jurisdiction you have moved. You are also required to notify in person or in writing, the local law enforcement in the jurisdiction where you formerly resided, of the change of address. Failure to notify the local law enforcement agency of a change of address or providing false or misleading information is a felony. (N.R.S. 179D.240, 179D.250, 179D.290, 179D.460, 179D.470)

Applicants Signature _____

Interviewing Officer _____ Date _____