

# Notification of Sex Offender Release

Releasing from:

NOTIFICATION DATE

**Risk Level**  I  II  III  **Current offense is not a sex offense**

(IF CURRENT OFFENSE IS NOT A SEX OFFENSE, ALSO CHECK APPLICABLE RISK LEVEL BOX)

THIS DOCUMENT IS FOR LAW ENFORCEMENT NOTIFICATION ONLY. DSHS BULLETINS ARE NOT TO BE POSTED IN THE COMMUNITY OR DISTRIBUTED TO THE PUBLIC.

TO: <input type="checkbox"/> Chief of Police, City of _____		
<input type="checkbox"/> Sheriff, County of _____		
<input type="checkbox"/> Tribal Law Enforcement Agency(s)		
NAME	DSHS NUMBER	AGE
AKA		
RELEASE DATE	RELEASE ADDRESS	
COMMUNITY SUPERVISION		
SPECIAL CONDITIONS AND RELEVANT COURT ORDERS		
RELEASE TYPE		
<input type="checkbox"/> Discharge	<input type="checkbox"/> Conditional release	<input type="checkbox"/> Parole
<input type="checkbox"/> Transfer to community placement	<input type="checkbox"/> Authorized leave	<input type="checkbox"/> Escape (follow-up information)
<input type="checkbox"/> Release to a less restrictive setting	<input type="checkbox"/> Furlough	<input type="checkbox"/> Expiration of sentence
<input type="checkbox"/> Other (specify):		
<b>Offender Information</b>		
PHOTO		

Complete each page and sign the last page of this form.

RACE	SEX	DATE OF BIRTH	WEIGHT	HEIGHT	HAIR	EYES
TATTOOS / SCARS						
SSA NUMBER	FBI NUMBER	DOC NUMBER	SID NUMBER	FBI FINGERPRINT NUMBER		
REQUIRED TO REGISTER? <input type="checkbox"/> Yes <input type="checkbox"/> No	GANG AFFILIATION					

**Current Offense**

**County and Cause**

**Sentenced**

**Supervision Adjustment** (Only use for violators, current SSODA / SOSSA revokes and CCB revokes. Delete if not used.)

**Sex Offense History:**

DATES		CHARGES	CONVICTION	DISPOSITION
OFFENSE	ARREST			
INDEX / CURRENT OFFENSE				

**Description of Sexual Arrest / Conviction(s)**

**Additional Sexual Behavior**

**Other Criminal History**

Adult:

Juvenile:

Additional Information:

**Psychological**

**Treatment**

Sex Offender:

Substance Abuse:

**Institutional Behavior**

**Adolescent Conduct Problems**

**Employment / Education History**

Complete each page and sign the last page of this form.

Employment:

Education:

**Relationship History:** Leave blank for juvenile offenders.

**Risk Level Justification:** The Risk Level Assessment scored in the level using the Static 99R risk level classification category. The End of Sentence Review Committee recommended a Level risk classification for community notification purposes.

**If applicable:** This is an aggravation / mitigation from a level risk classification because (explain below):

**Threatening Behavior / Victim Concerns**

**Sources of Information**

PERSON COMPLETING FORM	TELEPHONE NUMBER (WITH AREA CODE)	EMAIL ADDRESS
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Complete each page and sign the last page of this form.