SEX/KIDNAPPING OFFENDER REGISTRATION

Administrative relief of the duty to register

Insert your agency logo and contact information here.

|  |  |
| --- | --- |
| Registrant’s full name: |  |
| DOB: |  | SID Number: |  |
|  |  |
| [ ]  | The above offender has spent 10 consecutive years in the community without being convicted of a disqualifying offense, pursuant to RCW 9A.44.142. |
| [ ]  | The above offender has spent 15 consecutive years in the community without being convicted of a disqualifying offense, pursuant to RCW 9A.44.142. |
| **The following have been checked to verify eligibility:** |
| [ ]  | Washington State Crime Information Center (WACIC) |
| [ ]  | Washington State Identification and Criminal History Section (WASIS) |
| [ ]  | National Crime Information Center (NCIC) |
| [ ]  | Superior County Management Information Systems (SCOMIS) |
| [ ]  | Judicial Information Systems (JIS) (Formerly DISCIS) |
| [ ]  | Felony Offender Reporting Systems (FORS) |
| [ ]  | Want and Warrants |
| [ ]  | Other |

|  |  |
| --- | --- |
|  Date Relieved of Duty:  |  |
|  Signature of Official:  |  |
|  Printed Name of Official:  |  |
|  Agency Name:  |  |
|  Date:  |  |

 I, , understand that I have been administratively removed from my duty to register as a sex offender in the State of Washington. I further understand that this relief of duty to register in Washington does not relieve me of the duty to register in other states, tribal or foreign jurisdictions I may resided in or visit. It is my responsibility to check with every jurisdiction where I reside or visit to ensure I am complying with the sex offender registration laws.

|  |
| --- |
| Registrant’s Signature |
|  |  |
| Registrant’s Printed Name | Date: |