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# COMMONWEALTH OF VIRGINIA

## DEPARTMENT OF STATE POLICE

Lt. Colonel Tracy S. Russillo  
Deputy Superintendent

Post Office Box 27472, Richmond, VA 23261

March 17, 2020

TO: All Police Chiefs and Sheriffs

FROM: Captain Keenon C. Hook

SUBJECT: Sex Offender Registration during COVID-19 Emergency

In response to the COVID-19 state of emergency the Virginia State Police Sex Offender Registry is suggesting the following measures be taken to minimize in-person exposure during the registration process:

**For re-registrations on a SP-236A (letter mailed directly to offenders)**

- Advise the offender they may turn the form into any VSP office or mail the form directly back to the Registry using the provided envelope.
- If you must handle the form, use PPE or wash hands thoroughly.

**For re-registrations on an SP-236 (Sex Offender Registry Form):**

- Fill out the information on the SP-236 as usual.
- In lieu of thumb prints, you may verify government identification and write "ID verified" and the initials of the verifying official across the fingerprint blocks.
- In the signature block on the front page you may also write "ID verified" in lieu of a signature.
- For the disclosure page, please read the entire disclosure to the offender and write "Read to Offender" in the signature blocks.
- **The offender should not touch the form.** Tear off and give the offender his/her copy of the form.

**For initial registrations(Sex Offender Registry Form):**

- Obtain a full set of fingerprints and palm prints unless the offender is exhibiting symptoms or indicates that he has been exposed to the coronavirus.
- If the offender appears symptomatic do not fingerprint, instead write "ID verified" and the initials of the verifying official across the fingerprint blocks and in the signature block.

Sex Offender Registration during COVID-19 Emergency

March 17, 2020

Page 2

- You do not need to send a palm print card in with the registration. Sex Offender Investigative Unit troopers will be assigned to fingerprint these offenders when the risk of contagion subsides.

If you have questions concerning this process, please contact your Sex Offender Investigative Region Sergeant as follows:

Region 1: Sergeant John H. Madding 804-836-8323

Region 2: Sergeant James D. Stump 540-539-4715

Region 3: Sergeant Robert L. Buckham 757-510-0768

Region 4: Sergeant Richard W. Hughes 540-239-0938

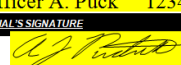

KCH/cm

# Sex Offender Registration during COVID-19 Emergency


March 17, 2020

Page 2


## EXAMPLES

<b>If the offender is a non-resident, provide the purpose of registration</b>			
<input type="checkbox"/> Offender lives out of state, but is employed in Virginia -		<input type="checkbox"/> Offender lives out of state, but is attending school in Virginia	
<input type="checkbox"/> Offender is visiting Virginia for 30 days or more.			
SUBMITTING AGENCY NAME * <b>Anywhere PD</b>		OFFICIAL'S NAME (Printed) Badge/Code * <b>Officer A. Puck 1234</b>	
DEPT. CORRECTIONS OR JAIL CUSTODY	PROBATION OR PAROLE	ADDRESS OF CORRECTIONAL FACILITY OR JAIL FOR OFFENDERS RECEIVED OR RELEASED	OFFICIAL'S SIGNATURE * 
<input type="checkbox"/> RECEIVED	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> RELEASED	<input type="checkbox"/> Federal/005		
<b>OFFENDER INFORMATION</b>			
LAST NAME *	MAIDEN	FIRST *	MIDDLE
ALIASES USED		SSN	DOB
SIGNATURE OF PERSON REGISTERING <b>Verified by ID</b> 		SID NUMBER	FBI NUMBER
		TIME COMPLETED	DATE SUBMITTED


**COMPLETE PHYSICAL AND MAILING ADDRESS INFORMATION MUST BE PROVIDED IN BOTH ADDRESS FIELDS:**


THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
<b>Verified by ID</b> 				
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Check the appropriate box(es) and sign registration to certify you have READ or HAD this "Disclosure" READ to you and fully understand the requirements.

Pursuant to the federal Sex Offender Registration and Notification Act, a registrant is required to provide their residence jurisdiction with travel document information including passport, immigration visa numbers, and if and when you travel or relocate out of state or country. You must also update the Department of State Police with a travel itinerary of any intended travel outside of the U.S. at least 21 days prior to that travel. Failure to do so may result in federal prosecution. Reporting travel does not authorize entry into your destination country; contact the local embassy of your destination country prior to your departure to determine whether entry will be authorized upon your arrival. Information you need to provide is found at: [www.smart.gov/international\\_travel.htm](http://www.smart.gov/international_travel.htm) Nonresidents of The Commonwealth of Virginia are required to fulfill their obligation to the law as it applies to residents of Virginia. I acknowledge that I am required to notify the Department of State Police at least 21 days in advance of any travel or relocation out of the country, and provide the information described above. Signature of Sex Offender or Violent Sex Offender \* **READ TO OFFENDER** 

In accordance with § 9.1-903 and § 9.1-906 of the Code, whether classified as a sexually violent offender, sex offender or combination thereof, I hereby certify I have read or have had read to me, understand, and received this notice of my responsibility to re-register with the Department of State Police in the following instances: (1) within three days of receiving a conviction(s) requiring registration, (2) within three days of receiving a suspended sentence(s) for a conviction of a charge listed on the reverse side of this disclosure, (3) within three days of a change of residence whether within Virginia and ten days prior to a move to outside the State of Virginia, (4) within three days of a change of employment whether within or the outside of the State of Virginia, (5) within three days from my release from a correctional facility (adult or juvenile) or community supervision, (6) within three days if I change my name, (7) within thirty minutes if I change my electronic mail address information, my instant message, chat or other Internet communication name or identity information that I use or intend to use, (8) within three days of a change in vehicle, watercraft, or aircraft information for any and all that I own, or (9) within three days of a change in school enrollment.

**Sexually Violent Offender:** Signature of Violent Sex Offender \* **READ TO OFFENDER**  Unless granted Court Ordered Relief as outlined in § 9.1-909 of the Code of Virginia, my signature on the fingerprint registration card certifies that I fully understand a re-registration form will be mailed to me from the State Police to verify my physical and mailing address of residence every 90 days from the date of my original registration for life to confirm my physical and mailing address, my electronic mail address information, any instant message, chat or other Internet communication name or identity information that I use or intend to use. If granted Court Ordered Relief as outlined in § 9.1-909, I understand a re-registration form will be mailed to me from the State Police to verify my physical and mailing address of residence each year from the date of the Court Ordered Relief to confirm my physical and mailing address, my electronic mail address information, any instant message, chat or other Internet communication name or identity information that I use or intend to use. If convicted of § 18.2-472.1, I will be responsible to re-register with the State Police every 30 days from the date of conviction for life. Immediately upon receipt of this form, I am responsible for providing my thumbprints on the address verification form. The completed verification form must be mailed immediately to the Department of State Police to fulfill my obligation to re-register as a violent sex offender. I am aware that I must update any registration information as appropriate. By virtue of my review and receipt of this disclosure, I further understand if I fail to re-register or knowingly provide materially false information to the Sex Offender and Crimes Against Minors Registry, I can be convicted in the court of law pursuant to § 18.2-472.1. Pursuant to Section 9.1-904, I hereby consent to authorize any business or organization that offers electronic communications or remote computer services to provide to the Department of State Police any subscriber information pertaining to my electronic identity information provided to the Registry. I acknowledge I am aware of the Proximity to Children laws §18.2-370.2; §18.2-370.3; §18.2-370.4 and §18.2-370.5 as it applies to Virginia and Out of State registerable convictions.

**Sex Offender:** Signature of Sex Offender \* **READ TO OFFENDER**  My signature on the fingerprint registration card certifies that I fully understand a re-registration form will be mailed to me from the State Police each year to verify my physical and mailing address, my electronic mail address information, any instant message, chat or other Internet communication name or identity information that I use or intend to use until my duty to register and re-register is terminated by a court order as set forth in § 9.1-910. The only exception is that that any person who has been convicted of (i) murder or (ii) former § 18.2-67.2:1 shall have a continuing duty to re-register for life. A petition may be filed for removal from the registry in accordance with § 9.1-910 of the Code of Virginia. Any period of confinement in a federal, state or local correctional facility, hospital or any other institution or facility during the otherwise applicable registration period shall toll the registration period and the duty to re-register shall be extended. Persons confined in a federal, state, or local correctional facility shall not be required to re-register until released from custody. If convicted of § 18.2-472.1, I will be responsible to re-register with the State Police every 180 days from the date of such conviction. If I am a sex offender and convicted of murder, I will be required to re-register under the same provisions as a sexually violent offender. If I am a sex offender and convicted of marital assault, I will be required to re-register for life. Immediately upon receipt of this form, I am responsible for providing my thumbprints on the address verification form. The completed verification form must be mailed immediately to the Department of State Police to fulfill my obligation to re-register as a sex offender. I am aware that I must update my registration information as appropriate. By virtue of my review and receipt of this Disclosure, I further understand if I fail to re-register or knowingly provide materially false information to the Sex Offender and Crimes Against Minors Registry, I can be convicted in the court of law pursuant to § 18.2-472.1. Pursuant to § 9.1-904, I hereby consent to authorize any business or organization that offers electronic communications or remote computer services to provide to the Department of State Police any subscriber information pertaining to my electronic identity information provided to the Registry.