

FOR CHANGE OF ADDRESS ONLY

LAST NAME	MAIDEN	FIRST	MIDDLE	SEX	RACE	HT	WT	HAIR	EYES

SOR REGISTRATION ID	SSN	DOB: MM	DD	YYYY	TIME COMPLETED	DATE SUBMITTED

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

OFFENDER'S PHYSICAL HOME STREET ADDRESS	CITY / TOWN	STATE	ZIP CODE	COUNTY

OFFENDER'S MAILING ADDRESS	CITY / TOWN	STATE	ZIP CODE

Sign the form below 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 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

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: Unless granted Court Ordered Relief as outlined in § 9.1-909 of the *Code of Virginia*, My signature on the form below, 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: My signature below on the form below, 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 (iii) former § 18.2-67.2:1 shall have a continuing duty to reregister 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 martial 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.

Signature _____

By typing your name on the signature line, you are signing this form electronically. You agree that your electronic signature is the legal equivalent of your handwritten Signature.