

CALIFORNIA SEX OFFENDER INFORMATION REQUEST FORM

(PLEASE TYPE OR PRINT)

Section A - User Information and Instructions

California Penal Code (PC) Section 290.4 authorizes the public to determine through the "900" public access telephone number if a person is a registered sex offender. This information can only be used to protect "persons at risk." Use for any other purpose except that specified in the statute is unlawful. This form can be used to inquire on a **minimum of six subjects**.

Complete the following (NOTE - illegible or missing information may result in processing delays)

Section B - Complete all information blocks (front)

Section C - Sign and date (front).

Section E - Complete appropriate information blocks (reverse).

You will be telephonically notified by the Department of Justice (DOJ) on the name check results.

If you wish to inquire on less than six subjects, please call 1-900-448-3000 (\$10 for up to two inquiries)

Processing cost for this form is \$4 per subject. Forward check payable to the *DOJ* and this completed form(s) to the following:

*California Department of Justice
ATTN: Sex Offender Tracking Program, California Sex Offender Information Section
P. O. Box 903387
Sacramento, CA 94203-3870*

Section B - Requester and Agency Information

Requester Name: _____

Agency Name and Address

(USE STAMP OR PRINT)

LAST NAME _____ FIRST _____ MI _____

Telephone #: () _____

County Name: _____

Persons at Risk: _____

Section C - Certification

I certify that I am over 18 years of age and understand that it is illegal to use information obtained through the "900" public access telephone number to harass, discriminate, or commit a crime against any person who has been identified as a sex offender (California PC Section 290.4).

Signature of Requester

Date Signed

Section D - (DOJ Use Only)

of Name Checks: _____

(USE STAMP ONLY)

Date Rec'vd: _____

Date Processed: _____ Initials: _____

Date Contacted: _____ Initials: _____

Recall #: _____

Transaction #: _____

Check #: _____ Rec'vd: \$ _____

Section E - Subject Information

Please list all available subject information. *It is mandatory that you provide a name and at least one other identifying factor [i.e., address, state driver's license (DL) or identification (ID) number, Social Security Number (SSN), or date-of-birth (DOB)].* Please indicate if your subject is applying for employment or providing volunteer services to your agency. The name of a juvenile can be checked by the Department of Justice. However, a record will exist *only* if the juvenile has been convicted of an offense in an adult court. You must list a minimum of six subjects to use this form. If you are inquiring on more than ten names, please submit the information on another form.

If additional assistance is required, please contact (916) 227-4199

HIT	NOHIT	SUBJECT NAME (Last, first, middle)	DOB (MMDDYY)	DL OR ID#	SSN
ADDRESS (Physical address only - no PO Box)		CITY/STATE		ZIP CODE	Check If: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
HIT	NOHIT	SUBJECT NAME (Last, first, middle)	DOB (MMDDYY)	DL OR ID#	SSN
ADDRESS (Physical address only - no PO Box)		CITY/STATE		ZIP CODE	Check If: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
HIT	NOHIT	SUBJECT NAME (Last, first, middle)	DOB (MMDDYY)	DL OR ID#	SSN
ADDRESS (Physical address only - no PO Box)		CITY/STATE		ZIP CODE	Check If: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
HIT	NOHIT	SUBJECT NAME (Last, first, middle)	DOB (MMDDYY)	DL OR ID#	SSN
ADDRESS (Physical address only - no PO Box)		CITY/STATE		ZIP CODE	Check If: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
HIT	NOHIT	SUBJECT NAME (Last, first, middle)	DOB (MMDDYY)	DL OR ID#	SSN
ADDRESS (Physical address only - no PO Box)		CITY/STATE		ZIP CODE	Check If: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
HIT	NOHIT	SUBJECT NAME (Last, first, middle)	DOB (MMDDYY)	DL OR ID#	SSN
ADDRESS (Physical address only - no PO Box)		CITY/STATE		ZIP CODE	Check If: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
HIT	NOHIT	SUBJECT NAME (Last, first, middle)	DOB (MMDDYY)	DL OR ID#	SSN
ADDRESS (Physical address only - no PO Box)		CITY/STATE		ZIP CODE	Check If: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
HIT	NOHIT	SUBJECT NAME (Last, first, middle)	DOB (MMDDYY)	DL OR ID#	SSN
ADDRESS (Physical address only - no PO Box)		CITY/STATE		ZIP CODE	Check If: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
HIT	NOHIT	SUBJECT NAME (Last, first, middle)	DOB (MMDDYY)	DL OR ID#	SSN
ADDRESS (Physical address only - no PO Box)		CITY/STATE		ZIP CODE	Check If: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other
HIT	NOHIT	SUBJECT NAME (Last, first, middle)	DOB (MMDDYY)	DL OR ID#	SSN
ADDRESS (Physical address only - no PO Box)		CITY/STATE		ZIP CODE	Check If: <input type="checkbox"/> Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other

