

Covered Offender Registration Update Form

A covered offender required to register under Chapter 846E, HRS who changes any of the covered offender's registration information after an initial registration with the attorney general, shall notify the attorney general of the new registration information in writing within three working days of the change. Please fill in, sign, and date this form and return it to the Hawaii Criminal Justice Data Center.

Name: _____ Sex: ____ Race: ____ Ht: ____ Wt: ____ Hair Color: ____ Eye Color: ____
(Last Name, First Name Middle Initial.)

AKA: _____ U.S. Citizen: ____
(Include nicknames and pseudonyms)

SSN: _____ DOB: _____

Alias SSN: _____ Alias DOB: _____

Scars/Marks/Tattoos: _____

ADDRESS INFORMATION (Attach additional sheet, if necessary):

Homeless: No Yes If Yes, provide description of place or area of residence:

(Description of place or area, including zip code) From: _____ To: _____

Residence Address: Work Furlough: No Yes

(Street No. Street Name Apt. No. City State Zip) From: _____ To: _____ Phone: _____

Mailing Address (If different from Residence):

(Street No. Street Name Apt. No. City State Zip) From: _____ To: _____ Phone: _____

Temporary Address (Must provide a "To" date):

(Street No. Street Name Apt. No. City State Zip) From: _____ To: _____ Phone: _____

Future Address:

(Street No. Street Name Apt. No. City State Zip) From: _____ To: _____ Phone: _____

COMMUNICATION INFORMATION: (Attach additional sheet, if necessary):

Other Telephone Number(s):

(Cell) (Other: _____) (Other: _____) (Other: _____)

Email Addresses: _____

Instant Message Name(s): _____

Other Internet Designation(s) or Moniker(s): _____

EMPLOYMENT AND VOLUNTEER INFORMATION (Attach additional sheet, if necessary):

Employer Name: _____

(Street No. Street Name Apt. No. City State Zip) From: _____ To: _____

If no fixed place of employment, provide description of general area(s) and normal travel routes below:

Professional Licenses: _____

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COVERED OFFENDER REGISTRATION UPDATE FORM

Name: _____
(Last Name, First Name Middle Initial)

Date of Birth: _____

EDUCATIONAL INSTITUTION INFORMATION (Attach additional sheet, if necessary):

Institution Name: _____

(Street No. Street Name Apt. No. City State Zip) From: _____ To: _____
Affiliation: Student Faculty Staff Volunteer

VEHICLE INFORMATION (Attach additional sheet, if necessary):

1) Type: Automobile Watercraft Aircraft

Make: _____ Model: _____ Year: _____ Color: _____ License/Reg No.: _____

Location where vehicle is habitually kept: _____

Used **Exclusively** for Work: No Yes* From: _____ To: _____

*A letter from the employer verifying that this vehicle is used exclusively for work must be submitted.

2) Type: Automobile Watercraft Aircraft

Make: _____ Model: _____ Year: _____ Color: _____ License/Reg No.: _____

Location where vehicle is habitually kept: _____

Used **Exclusively** for Work: No Yes* From: _____ To: _____

*A letter from the employer verifying that this vehicle is used exclusively for work must be submitted.

COVERED OFFENSE RECORD (Attach additional sheet, if necessary):

Charge: _____ Place of Disposition: _____ Date: _____

Charge: _____ Place of Disposition: _____ Date: _____

ID, PASSPORT & IMMIGRATION STATUS:

- Copy of valid driver's license or ID card attached
- Copy of passports and documents establishing immigration status attached

Passport numbers and expiration dates: _____

Nationality: _____

If you are not a United States citizen, explain your immigration status: (Permanent or Conditional): _____

Alien Number: _____ Expiration date: _____

I have received or am currently receiving treatment ordered by a court of competent jurisdiction or by the Hawaii Paroling Authority.

Yes No

By signing below, I verify that all the information I have provided on this Covered Offender Registration Update form is accurate and current.

Covered Offender's Signature: _____ Date: _____

Return the completed form to the Hawaii Criminal Justice Data Center, 465 South King Street, Room 102, Honolulu, HI 96813.