

FLOYD COUNTY SHERIFF'S OFFICE

THE OFFICE OF

SEX OFFENDER REGISTRATION & TRACKING UNIT

ANNUAL / BI-ANNUAL REGISTRATION

Welcome to the Floyd County Sheriff's Office:

If you are here to update your information because your birthdate is approaching, or if you are here to register in Floyd County for the first time, you **MUST COMPLETE ALL** paperwork. **ALL** information **must** be provided and correct. All blanks that are for "Offender's Name" **must** have YOUR name PRINTED in the blank. All blanks that are for "Offender's Signature" **must** be *signed* by **YOU**. Any section labeled 'initial' **must** contain your initials. You **must** initial **ALL** boxes marked initial, whether or not, you think that information applies to you. Your signature(s) and/or initials represent your acknowledgment that you understand and agree to abide by the law if it applies to you now, or at any time in the future.

This agency requires appointments for Annual and Bi-annual registrations. Please call **706-291-4111 ext. 8820**, in advance, to schedule these appointments.

Information entered on this form that is found to be false will result in your arrest and prosecution. Per state law, registering false information is a violation of the state sex offender registry law, which carries a penalty of up to 30 year's imprisonment.

PLEASE: WRITE LEGIBLY!!! If we cannot read it, you **MUST** complete a new form. If you cannot read nor write, you **MUST** have someone with you to assist you with this. The office staff will not be your personal assistant.

Once the forms are completed, give them to the receptionist. If you have any questions you may ask him/her for clarification purposes.

Thank you for your understanding and cooperation,

Corporal Jeremy Clay: 706-252-4487 Deputy Dawn Casey: 706-936-4153

Sign saying you understand all above information: _____



Floyd County Sheriff's Office

SEX OFFENDER FILE CHECKLIST

Name _____
 First Middle Last

Registration Month/Year _____ Date of Birth _____



Georgia Sex Offender Registration Notification Form Completed

By: _____ Date _____

Sex Offender Registration Form Completed

By: _____ Date _____

Fingerprints Taken By: _____ **Date** _____

Photograph Taken By: _____ **Date** _____

Criminal History (CH) Ran By: _____ **Date** _____

Driver's History (DQ) Ran By: _____ **Date** _____

Vehicle Registration (RQ) Ran By: _____ **Date** _____

Home Address Verified By: _____ **Date** _____

Work Address Verified By: _____ **Date** _____

Higher Institution of Learning

Enrollment Verified By: _____ **Date** _____

Telephone Verified By: _____ **Date** _____

Copy of Indictment Obtained By: _____ **Date** _____

Proximity Restriction Time Period: _____

\$25 Publication fee collected by _____ **Date** _____

Check what applies

___ **Level 1** ___ **Level 2** ___ **Sexual Predator** ___ **Not Levelled**



FLOYD COUNTY SHERIFF'S OFFICE GEORGIA SEX OFFENDER REGISTRATION FORM

SECTION I: OFFENDER INFORMATION

Prefix <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.							
First Name*		Middle Name		Last Name*		Suffix <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	
Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown			Social Security Number*				
Date of Birth*				Current Age			
Landline (Home) Phone #* <i>(Write N/A if none)</i>				Mobile (Cell) Phone #1* <i>(Write N/A if none)</i>			
Other Phone # (Other # you can be reached at) <i>(Write N/A if none)</i>				Mobile (Work) Phone #2* <i>(Write N/A if none)</i>			
Offender Type <input type="checkbox"/> Sex Offender <input type="checkbox"/> Predator			Risk Level <input type="checkbox"/> Not Leveled <input type="checkbox"/> Cannot Level <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Predator				
Offender Status <input type="checkbox"/> Absconder <input type="checkbox"/> Awaiting Deportation <input type="checkbox"/> Compliant <input type="checkbox"/> Compliant/Hospice, Nursing Home, Residential Health Care Facility <input type="checkbox"/> County Jail <input type="checkbox"/> Deceased <input type="checkbox"/> Deported <input type="checkbox"/> Detention Center <input type="checkbox"/> Incarcerated – GA <input type="checkbox"/> Incarcerated – Out of State <input type="checkbox"/> Local Jail <input type="checkbox"/> Moved Out of State <input type="checkbox"/> Out-of-Country <input type="checkbox"/> Pending <input type="checkbox"/> Visiting							
Height*		Weight*		Hair Color*		Eye Color*	
Race* <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Unknown <input type="checkbox"/> White							
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			Birth State		Birth Country		
Passport #			Immigration Status		Immigration ID #		

SECTION II: ADDRESSES

Type <input type="checkbox"/> Mailing Address Only <input type="checkbox"/> Other <input type="checkbox"/> Primary <input type="checkbox"/> Temporary							
Description							
Primary (physical -main address where offender lives) Number and Street*							
City*		State*		Zip*		County	
Temporary Address (occupies a specific time period) Number and Street*							
City*		State*		Zip*		County	
Other (stays on a regular basis but not as often as primary)* / Sleeping Location (Homeless)							
City*		State*		Zip*		County*	
Mailing Address (where he receives mail, including P.O. Box)*							
City*		State*		Zip*		County*	
If Reside in a Mobile Home, include Permit Number*				Description including Color Scheme*			
If Reside in a Manufactured Home, include Name/Address of Owner				Description including Color Scheme*			

SECTION III: ALIASES		
First Name*	Middle Name	Last Name
First Name*	Middle Name	Last Name
First Name*	Middle Name	Last Name
First Name*	Middle Name	Last Name
SECTION IV: ALTERNATE IDENTIFIERS		
DOB	SSN	SID
SECTION V: EMPLOYMENT		
<i>Primary Place of Employment*</i>		
Occupation		
Additional / Other Employment Information		
Employer Telephone Number		
Employer Address Number and Street*		
City*	State*	Zip*
County*		
Date of Employment* (Start date)	Work Hours	Supervisor Name and Contact #
Job Description	End Employment Date	
<i>Secondary Place of Employment*</i>		
Occupation		
Additional / Other Employment Information		
Employer Telephone Number		
Employer Address Number and Street*		
City*	State*	Zip*
County*		
Date of Employment* (Start date)	Work Hours	Supervisor Name and Contact #
Job Description	End Employment Date	
SECTION VI: LICENSES		
Driver License #	Issuing State	Expiration Date
Professional License #	Type	Issuing Agency
Issuing State	Expiration Date	

SECTION VII: OFFENSES {List offenses that require registration as a sex offender}

<i>In-State Offense *</i>	Offense*		
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Conviction Date*	Offense Date*	Court of Conviction
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Were you convicted under First Offender Act? Yes No

<i>In-State Offense*</i>	Offense*		
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Conviction Date*	Offense Date*	Court of Conviction
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Were you convicted under First Offender Act? Yes No

<i>Out-of-State Offense*</i>	Offense*	Convicted as a Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Conviction Date*	Offense Date*	Court of Conviction
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<i>Out-of-State Offense*</i>	Offense*	Convicted as a Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Conviction Date*	Offense Date*	Court of Conviction
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VICTIM INFORMATION

Age	Sex	Race	Relationship
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Age	Sex	Race	Relationship
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Age	Sex	Race	Relationship
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Age	Sex	Race	Relationship
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SECTION VIII: PROBATION / PAROLE

Are you on Probation? Yes No Start Date _____

Are you on Parole? Yes No Start Date _____

Officer's Name: _____

City	State	Zip	Phone #
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Agency's Name _____

SECTION IX: SMTs {Scars / Marks / Tattoos}

Artificial Body Parts / Deafness / Deformities / Drugs / Eye Disorders / Fractured Boded / Healed Fractured Bones / Medical Conditions & Diseases / Medical Devices & Implants / Missing Body Parts or Organs / Moles / Needle Marks / Other Physical / Removed Tattoos / Skin Discoloration / Tattoos / Therapeutic Drugs}

SMT Type	
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SMT Location	
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Additional Description	
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SECTION X : SCHOOL INFORMATION

Name of School*	Date of Enrollment
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Additional Info: Enrolled <input type="checkbox"/> Part Full <input type="checkbox"/> Full Time	Name of Campus you Attend	School Telephone Number
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Address Number and Street*

City*	State*	Zip*	County
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SECTION XI: BOAT INFORMATION			
Registration #*		Registration State*	Registration Expiration Year*
Hull Serial #*	Make*	Model*	Year*
Type	Color*	Additional Colors*	
Outer Hull Material	Hull Shape	Propulsion	Length
Home Port	Boat Name*	Coast Guard #	

SECTION XII: VEHICLE INFORMATION

VEHICLE #1: Tag #*		State*	Tag Type* (See SORT List)	Expiration
VIN		Vehicle Type	Year*	Make*
Model*	Style	Color*	Vehicle Ownership <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Acquaintance <input type="checkbox"/> Member of Household <input type="checkbox"/> Relative <input type="checkbox"/> Rental <input type="checkbox"/> Work	
Additional Details			General Parking Locations	
VEHICLE #2: Tag #*		State*	Tag Type* (See SORT List)	Expiration
VIN		Vehicle Type	Year*	Make*
Model*	Style	Color*	Vehicle Ownership: <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Acquaintance <input type="checkbox"/> Member of Household <input type="checkbox"/> Relative <input type="checkbox"/> Rental <input type="checkbox"/> Work	
Additional Details			General Parking Locations	
VEHICLE #3: Tag #*		State*	Tag Type* (See SORT List)	Expiration
VIN		Vehicle Type	Year*	Make*
Model*	Style	Color*	Vehicle Ownership: <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Acquaintance <input type="checkbox"/> Member of Household <input type="checkbox"/> Relative <input type="checkbox"/> Rental <input type="checkbox"/> Work	
Additional Details			General Parking Locations	

SECTION XIII: SPOUSE AND FAMILY INFORMATION (NOT REQUESTED IN SORT)

Select One:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		
Spouse / Significant Other			DOB
Address			
City		State	Phone
Mother's Name			DOB

Address		
City	State	Phone
Father's Name		DOB
Address		
City	State	Phone
Nearest Relative/Friend		DOB
Relationship		
Address		
City	State	Phone
SECTION XIV: OTHER INFORMATION		
Do you use alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO	Brands	
Do you use tobacco? <input type="checkbox"/> YES <input type="checkbox"/> NO	Brands	
Date Released from Prison, Placed on Probation, Parole or Supervised Release*:		
SECTION XV: NOTIFICATIONS		
Notice to Offender		
You must re-register with the sheriff's office in person within 72 hours prior to your birthday; 72 hours prior to any change of address; within 72 hours of change of employment or school status.		<i>Initial:</i>
Attached is a copy of the Georgia Sex Offender Registration Notification Form that advises you of your responsibilities. Review and initial each provision.		<i>Initial:</i>
By signing this, you understand that failure to comply with these or any other requirements of the Georgia Sexual Offender Registry, may result in your arrest and prosecution. Any person who knowingly <i>provides false information or fails to comply with the above requirements</i> shall be guilty of a felony punishable by one to thirty years in prison on the first offense.		<i>Initial:</i>
Attached is a copy of the Sex Offender Registration laws. Initial to the right to acknowledge receipt of this law.		<i>Initial:</i>
Offender's Signature*:	Date:	
Deputy's Signature*:	Date:	
Remarks:		
SECTION XVI: SHERIFF'S OFFICE PERSONNEL		
Date of Registration*:	Fingerprints Taken*:	
Photo Taken*:	SRN Number*:	
Offense date places offender in the following proximity restriction time period (check one):		
<input type="checkbox"/> Prior to June 4, 2003	<input type="checkbox"/> June 5, 2003 – June 30, 2006	
<input type="checkbox"/> July 1, 2006 – June 30, 2008	<input type="checkbox"/> July 1, 2008 and thereafter	

GEORGIA SEX OFFENDER REGISTRATION NOTIFICATION FORM

REGISTRATION INFORMATION FOR ALL SEX OFFENDERS

Pursuant to O.C.G.A § 42-1-12(a) (16), "Required registration information" means:

- (A) Name; social security number; age; race; sex; date of birth; height; weight; hair color; eye color; fingerprints; and photograph;
- (B) Address within this state or out of state, and, if applicable in addition to the address, a rural route address and a post office box;
- (C) If the place of residence is a motor vehicle or trailer, the vehicle identification number, the license tag number, and a description, including color scheme, of the motor vehicle or trailer;
- (D) If the place of residence is a mobile home, the mobile home location permit number; the name and address of the owner of the home; a description, including the color scheme of the mobile home; and, if applicable, a description of where the mobile home is located on the property;
- (E) If the place of residence is a manufactured home, the name and address of the owner of the home; a description, including the color scheme of the manufactured home; and, if applicable, a description of where the manufactured home is located on the property;
- (F) If the place of residence is a vessel, live-aboard vessel, or houseboat, the hull identification number; the manufacturer's serial number; the name of the vessel, live-aboard vessel, or houseboat; the registration number; and a description, including color scheme, of the vessel, live-aboard vessel, or houseboat;
- (F.1) If the place of residence is the status of homelessness, information as provided under paragraph (2.1) of subsection (f) of this Code section;
- (G) Date of employment, place of any employment, and address of employer;
- (H) Place of vocation and address of the place of vocation;
- (I) Vehicle make, model, color, and license tag number;
- (J) If enrolled, employed, or carrying on a vocation at an institution of higher education in this state, the name, address, and county of each institution, including each campus attended, and enrollment or employment status; and
- (K) The name of the crime or crimes for which the sexual offender is registering and the date released from prison or placed on probation, parole, or supervised release; and
- (L) The landline and mobile telephone numbers of the sexual offender.

Pursuant to O.C.G.A § 42-1-12(f), Any sexual offender required to register under this Code section shall:

- (1) Provide the required registration information to the appropriate official before being released from prison or placed on parole, supervised release, or probation;
- (2) Register in person with the sheriff of the county in which the sexual offender resides within 72 hours after the sexual offender's release from prison or placement on parole, supervised release, probation, or entry into this state;
- (2.1) In the case of a sexual offender whose place of residence is the status of homelessness, in lieu of the requirements of paragraph (2) of this subsection, register in person with the sheriff of the county in which the sexual offender sleeps within 72 hours after the sexual offender's release from prison or placement on parole, supervised release, probation, or entry into this state and provide the location where he or she sleeps;
- (3) Maintain the required registration information with the sheriff of each county in which the sexual offender resides or sleeps;
- (4) Renew the required registration information with the sheriff of the county in which the sexual offender resides or sleeps by reporting in person to the sheriff within 72 hours prior to such offender's birthday each year to be photographed and fingerprinted;
- (4.1) In the case of a sexual offender who resides in a state or privately operated hospice facility, skilled nursing home, or residential health care facility, with the approval of the sheriff of the county where such sexual offender resides, the sexual offender may satisfy the annual registration requirements of paragraph (4) of this subsection by registering at any time during the sexual offender's month of birth. Additionally, in the case of a sexual offender who resides in a state or privately operated hospice facility, skilled nursing home, or residential health care facility, with the approval of the sheriff of the county where such sexual offender resides, such sexual offender shall not be required to be fingerprinted pursuant to paragraph (4) of this subsection but the sheriff shall be authorized to photograph the offender;
- (5) Update the required registration information with the sheriff of the county in which the sexual offender resides within 72 hours of any change to the required registration information, other than where he or she resides or sleeps if such person is homeless. If the information is the sexual offender's new address, the sexual offender shall give the information regarding the sexual offender's new address to the sheriff of the county in which the sexual offender last registered within 72 hours prior to any change of address and to the sheriff of the county to which the sexual offender is moving within 72 hours prior to establishing such new address. If the sexual offender is homeless and the information is the sexual offender's new sleeping location, within 72 hours of changing sleeping locations, the sexual offender shall give the information regarding the sexual offender's new sleeping location to the sheriff of the county in which the sexual offender last registered, and if the county has changed, to the sheriff of the county to which the sexual offender has moved; and
- (6) Continue to comply with the registration requirements of this Code section for the entire life of the sexual offender, excluding ensuing periods of incarceration.

GEORGIA SEX OFFENDER REGISTRATION NOTIFICATION FORM

INITIAL	PROVISION
A.	According to the provisions of O.C.G.A § 42-1-12, you are hereby notified that you must register in person as a sex offender in the State of Georgia for life unless relieved of that requirement by a court of competent jurisdiction.
B.	To comply with your initial registration requirements, you must report within 72 hours of your release from prison, placement on probation, parole or supervised release or entry into the State of Georgia to the appropriate Sheriff's Office of the county where you reside.
C.	If you are released from prison for another offense during the time that you are required to register for a sex offense , then you must notify the Sheriff of the county where you last registered within 72 hours after such release.
D.	You must provide a street or route address for your place of residence. A post office box does not constitute an address. If you are homeless, you must provide a description of the place you sleep.
E.	If the place of residence is a motor vehicle or trailer, provide the vehicle identification number, the license tag number, and a description, including color/ color scheme, of the motor vehicle or trailer, and where the motor vehicle or trailer is located.
F.	If the place of residence is a mobile home, provide the mobile home location permit number, the name and address of the owner of the home, a description including the color scheme of the mobile home and if applicable, a description of where the mobile home is located on the property.
G.	If the place of residence is a manufactured home, provide the name and address of the owner of the home, a description including the color scheme of the manufactured home, and if applicable, a description of where the manufactured home is located on the property.
H.	If the place of residence is a vessel, live-aboard vessel, or houseboat, provide the hull identification number, the manufacturer's serial number, the name of the vessel, live –aboard vessel, or houseboat, the registration number, and a description including color scheme of the vessel, or houseboat.
I.	You must register all addresses.
J.	You are required to register with the sheriff's office of the county where you reside within 72 hours prior to your birthday each year to be photographed and fingerprinted.
K.	If you have been determined to be a sexually dangerous predator , you will remain on the registry for life and you must register with the sheriff of the county of residence 72 hours prior to your birthday each year and 6 months following your birthday to update your registration information.
L.	You shall not intentionally photograph a minor without the consent of the minor's parent or guardian.
M.	If you have been determined to be a sexually dangerous predator and you are under probation or parole supervision , you will be required to wear an electronic monitoring system <i>and pay for the monitoring fee</i> until you complete your sentence. <i>*Only applicable if supervised on probation or parole per 3/4/2019 Park V. State Supreme Court Ruling</i>
N.	If you are enrolled, employed or practice a vocation at an institution of higher education in this state, you must provide the name, address, and county of each institution including each campus attended and your position or enrollment status, as well as any change in enrollment, employment, or vocation status to the sheriff.
O.	If you are homeless, you must register in person to the sheriff of the county where you sleep within 72 hours after release from prison or placement on parole, supervised release probation or entry into this state and provide the location where you are sleeping.
P.	If you are homeless, you must report in person to the sheriff of the county where you sleep within 72 hours of changing your sleeping location.

GEORGIA SEX OFFENDER REGISTRATION NOTIFICATION FORM

INITIAL	PROVISION
Q.	If you are homeless, you must report in person to the sheriff of the county where you are registered within 72 hours of changing your sleeping location, and to the sheriff of the county where you moved your sleeping location within 72 hours of moving.
R.	You must re-register with the sheriff's office in person within <i>72 hours prior</i> to your birthday; <i>72 hours prior</i> to any change of address; <i>within 72 hours</i> of change of employment or school status.
S.	Regardless if your new residence address is within your county or outside your county (even temporary), you must give the new address to the sheriff of the county with whom you last registered within 72 hours prior to moving and to the sheriff of the county to which you are moving 72 hours prior to moving.
T.	You must register in any state where you are employed, volunteer, practice a vocation, or are a student.
U.	If you move to another state, you are required to report to the sheriff's office you last registered within the State of Georgia within 72 hours prior to moving and to the designated law enforcement agency in your new state of residence within 72 hours.
V.	You are subject to all registration requirements if you move to Georgia from any other place and are required to register as a sex offender in another jurisdiction.
W.	Persons who are sentenced under the first offender act are subject to the registration requirements until the offender successfully completes the requirements as set forth by the court.
X.	At this time, the laws concerning registration of sex offenders can be found in the Official Code of Georgia Annotated, Section 42-1-12 through 42-1-19.
Y.	You must meet certain criteria to petition the court for release from registration and/or residency/employment restrictions. See O.C.G.A. § 42-1-19.
Residency / Employment / Loitering Restrictions	
Z.	If your date of offense was committed prior to June 4, 2003 , there are no residency or employment restrictions unless required through probation or parole, however, you must adhere to all registration requirements. {O.C.G.A. § 42-1-17}
AA.	If your date of offense was committed between June 4, 2003 – June 30, 2006 , you cannot reside within 1,000 feet of any child care facility, school, or areas where minors congregate (public & private parks, recreation facilities, playgrounds, skating rinks, neighborhood centers, gymnasiums, and similar facilities providing programs or services directed towards persons under 18 years of age). {O.C.G.A. § 42-1-17}
BB.	If your date of offense was committed between July 1, 2006 – June 30, 2008 , you cannot reside within 1,000 feet of any child care facility, church, school, areas where minors congregate (public & private parks, recreation facilities, playgrounds, skating rinks, neighborhood centers, gymnasium, school bus stops, and public & community swimming pools). {O.C.G.A. § 42-1-16}
CC.	If your date of offense was committed between July 1, 2006 – June 30, 2008 , you cannot be employed at any child care facility, church, school, or any business or entity that is located within 1,000 feet of said location. {O.C.G.A. § 42-1-16}
DD.	If your date of offense was committed between July 1, 2006 – June 30, 2008 , and you are a sexually dangerous predator, you cannot be employed at any child care facility, church, school, area where minors congregate (public & private parks, recreation facilities, playgrounds, skating rinks, neighborhood centers, gymnasium, school bus stops, and public & community swimming pools) or any business or entity that is located within 1,000 feet of said location. {O.C.G.A. § 42-1-16}
EE.	If your date of offense was committed between July 1, 2006 – June 30, 2008 , you cannot loiter at any child care facility, school, or areas where minors congregate (public & private parks, recreation facilities, playgrounds, skating rinks, neighborhood centers, gymnasium, school bus stops, and public & community swimming pools). {O.C.G.A. § 42-1-16}
FF.	If your date of offense was committed on July 1, 2008 or after , you cannot reside within 1,000 feet of any child care facility, church, school, areas where minors congregate (public & private parks, recreation facilities, playgrounds, skating rinks, neighborhood centers, gymnasium, school bus stops, public libraries, and public & community swimming pools). {O.C.G.A. § 42-1-15}

GEORGIA SEX OFFENDER REGISTRATION NOTIFICATION FORM

INITIAL	PROVISION
GG.	If your date of offense was committed on July 1, 2008 or after , you cannot be employed/volunteer at any child care facility, church, school, or any business or entity that is located within 1,000 feet of said location. {O.C.G.A. § 42-1-15} A volunteer is defined in O.C.G.A § 42-1-15 (a) (4).
HH.	If your date of offense was committed on July 1, 2008 or after , and you are a sexually dangerous predator, you cannot be employed/volunteer at any child care facility, church, school, area where minors congregate (public & private parks, recreation facilities, playgrounds, skating rinks, neighborhood centers, gymnasium, school bus stops, public libraries, and public & community swimming pools) or any business or entity that is located within 1,000 feet of said location. {O.C.G.A. § 42-1-15}
II.	If your date of offense was committed on July 1, 2008 or after , loitering is prohibited at any child care facility, school, or areas where minors congregate (public & private parks, recreation facilities, playgrounds, skating rinks, neighborhood centers, gymnasium, school bus stops, public libraries, and public & community swimming pools). {O.C.G.A. § 42-1-15}
Travel	
JJ	Under the Adam Walsh Child Protection and Safety Act of 2006, 18 U.S.C. § 2250, if you fail to comply with registration requirements and are involved in interstate travel, you may be subject to federal prosecution.
International Travel	
KK	Under SORNA (34 U.S.C. § 20914 (a) (7)) registered sex offenders must provide certain information about “intended travel... outside of the United States” and to comply with the United States Attorney General’s direction about the time and manner for reporting such information. Therefore, the registered sex offender <i>should report in person</i> to the sheriff of the county in which the sexual offender resides at least 21 days before traveling outside the United States and complete a travel notification document containing travel information including expected departure and return dates, flight number airport of departure, cruise port of departure, or any other means of intended travel. 18 U.S.C. § 2250 (b) criminalizes situations where an individual has failed to provide the advance notice of international travel.
Additional Information	
LL.	If you violate a sex offender statute, you may be found guilty of a felony and may be punished by imprisonment for up to 30 years.
MM.	The current laws concerning sex offender registration can be found on the Georgia Secretary of State’s website (www.legis.state.ga.us), the District Attorney’s Office, and many other places.
NN.	The Georgia legislature meets at least once each year, usually beginning in January, and each time the legislature meets the laws concerning sex offender registration in Georgia can be changed. Most of those changes take effect July 1; however, some changes take effect as soon as the legislation is signed by the Governor.
OO.	It is <i>my duty</i> to always be aware of the current laws concerning my requirement to register as a sex offender and I understand that ignorance of the law is no excuse for my failure to abide by the laws concerning the registration of sex offenders.
PP.	Every state in the United States has a sex offender registry; however, each state’s laws are different and should I ever leave the State of Georgia, it is my duty to familiarize myself with the laws of the state where I live. Ignorance of the law is no excuse for my failure to abide by the laws concerning the registration of sex offenders in any state where I live.
QQ.	If you are arrested on any charges, you <i>should</i> report in person to the sheriff’s office which you were last registered immediately upon release, to update your registration and inform the sheriff’s office of your whereabouts. {Not mandated by law but it is the offender’s responsibility to report changes. 0811}

GEORGIA SEX OFFENDER REGISTRATION NOTIFICATION FORM

I have read, or had read to me, this registration notification form and understand its contents.

Offender's Name (Print) Offender's Signature Date

Witness Name (Print) Witness Signature Date

Floyd County Sheriff's Office 706-291-4111 Ext:8820
Name of Witnessing Agency (Print) Telephone Number for Witnessing Agency

The purpose of this form is to provide the necessary information for the registration of sexual offenders in the State of Georgia. The information contained within this form is not intended to provide legal advice to any person required to register as a sexual offender.

Georgia Sex Offender Registration Notification Form



THE PENALTY

O.C.G.A. § 42-1-12

(n) Any individual who:

- (1) Is required to register under this Code section and who fails to comply with the requirements of this Code section;**
- (2) Provides false information; or**
- (3) Fails to respond directly to the sheriff of the county where he or she resides or sleeps within 72 hours prior to such individual's birthday shall be guilty of a felony and shall be punished by imprisonment for not less than one nor more than 30 years; provided, however, that upon the conviction of the second offense under this subsection, the defendant shall be punished by imprisonment for not less than five nor more than 30 years.**

I have read, or had read to me, this registration notification form and understand its contents.

Date

Offender's Name (Print)

Offender's Signature

Offender's Date of Birth

Witness Name (Print)

Witness Signature

Floyd County Sheriff's Office
Name of Witnessing Agency (Print)

706-291-4111 Ext:8820
Telephone Number for Witnessing Agency



FLOYD COUNTY SHERIFF'S OFFICE EMERGENCY EVACUATION RESIDENCE PLAN

OFFENDER INFORMATION

SRN		Restrictions	
Last Name*	First Name*	Middle Name	
Aliases:			
Date of Birth	Sex	County of Issuance	
Home Phone #	Mobile Phone #	Other Phone #	

PROPOSED RESIDENCE INFORMATION

Name:	Relation:	
Street Address:		
City:	State:	Zip Code:
County:		

OTHER

Contact Information for Emergency Evacuation Destination Residence {Names, relation, and phone numbers}

Name:	Relation:	Mobile Phone #:
Name:	Relation:	Mobile Phone #:
Name:	Relation:	Mobile Phone #:
Name:	Relation:	Mobile Phone #:

Additional Information:

Signature of Offender	Date	Law Enforcement Official (Please Print & Sign)
		Date
Law Enforcement Agency Floyd County Sheriffs Office		Telephone Number, Fax Number and/or E-mail 706-291-4111 Ext: 8820

An evacuation plan is not required by the state of Georgia. However, in the event of an emergency evacuation, it is necessary to document the location that the registered sex offender plans to travel to and to ensure compliance with applicable residency restrictions.