

Registration as a Person Lacking a Fixed Residence

Bureau of Detectives/Criminal Registration Section

Chicago Police Department

Registrant Name (Print): _____

Criminal Registration Number (CRN): _____

Identification Registration Number (IR): _____

Registrant Date of Birth: _____

Address Listed on Identification: _____

No.

Street

Apt. Number

City

State

Zip Code

The Illinois Sex Offender Registration Act (SORA) provides that "any person who lacks a fixed residence must report weekly, in person ... with the chief of police in the municipality in which he or she is located. The agency of jurisdiction will document each weekly registration to include all the locations where the person has stayed during the past seven days." (730 ILCS 150/3(a))

A "fixed residence" means "any and all places that a sex offender resides for an aggregate period of time of 5 or more days in a calendar year." (730 ILCS 150/2(l))

Please initial next to each statement to affirm its accuracy.

_____ I do not have a fixed residence as defined in SORA.

_____ I understand that I must register the address of any and all places where I reside for 3 or more days in a calendar year.

_____ I understand that if I register as a person lacking a fixed residence, I must report weekly to register and provide at that time a list of any and all locations where I have stayed during the past seven days.

_____ If I am a child sex offender and have sought to register at an address in a zone prohibited by 720 ILCS 5/11-9.3 or previously resided at an address in a prohibited zone, I understand that I may not stay at that address.

_____ I am no longer residing at the address listed on my identification, and I last resided there on _____
Date

I declare under penalty of perjury that the above information is true and correct. I understand that any person who is required to register under SORA who knowingly or willfully gives material information required by the statute that is false is guilty of a class three felony. (730 ILCS 150/10)

Date: _____

Signature of Registrant: _____

Print Name: _____

Witness: _____ Date: _____

