



ALABAMA LAW ENFORCEMENT AGENCY

Sex Offender Registration Unit

Adult Sex Offender Homeless Acknowledgement & Registration

The Alabama Sex Offender Registration and Community Notification Act¹ ("Act") requires more frequent registration for adult homeless sex offenders. This document summarizes the additional responsibilities of an adult sex offender within Alabama that has indicated a Homeless Residency Status and requires the offender to provide location information for where the offender has resided and plans to reside.

Past Week

Please provide a detailed description of the location or locations where you resided in the past week.

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Upcoming Week

Please provide a detailed description of the location or locations where you plan to reside.

Monday	
Tuesday	
Wednesday	
Thursday	

¹ §§15-20A-1 et seq., Code of Alabama 1975, as amended by Act 2017-414

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Friday	
Saturday	
Sunday	

Special Duties for Adult Sex Offenders with a Homeless Residency Status

- You must appear in person and report any change in fixed residence to law enforcement where you are located/reside within three (3) business days upon any change in fixed residence.
- You must comply with all other registration and verification requirements listed in the Act.
- You must register all of the above registration information with the law enforcement agency where you reside once every 7 days on a day and time specified by the law enforcement agency. If you reside within the city limits of a municipality, you shall report to the chief of police. If you reside outside of the city limits of a municipality, you shall report to the sheriff of the county.
- If you obtain a fixed residence that complies with the residency restrictions listed in the Act, you must appear in person within three (3) business days and update your registration information with local law enforcement in each county of residence.
- Any violation of the above provisions shall constitute a Class C felony.

By signing below, I acknowledge that I have read the above information and responsibilities and that I am aware of all that is required of me under the Alabama Sex Offender Registration and Community Notification Act. If I fail to comply with any provision of the Act, I understand that I may be charged with a Class C felony in Alabama. I certify that all the information contained in this form is true and correct.

Offender

Printed Name

Social Security Number

Date of Birth

Signature

Date

Registering Agency

Agency Name

Officer's Signature

Printed Name

Date