



STATE OF MAINE
STATE BUREAU OF IDENTIFICATION
SEX OFFENDER REGISTRY
APPLICATION FOR RELIEF FROM DUTY TO REGISTER
TITLE 34-A MRSA §11202-A

PLEASE PRINT OR TYPE.
DO NOT LEAVE ANY LINES BLANK—IF UNKNOWN OR NOT APPLICABLE, PLEASE INDICATE.
INCOMPLETE APPLICATIONS WILL BE RETURNED.

Date: _____

1. Name: (Last, First, Middle) _____

Aliases / Former Names: _____

2. Date of Birth: _____

3. Address (Physical Location): _____

4. Mailing address (if different): _____

5. List all states where you have lived, worked or attended school or college since you were 17 years old:

6. Registerable Offense(s): List all sex offenses and sexually violent offenses for which you are required to register, and provide the additional information requested below regarding those offenses. Attach additional sheets if necessary.

Date sentence completed (including probation period): _____

Court: _____ Probation Officer's Name: _____

In what city(ies) or town(s) did you live while on probation? _____

7. Other Criminal Convictions: List 1) crime, 2) date of conviction and 3) location of court for any criminal offense for which you were prosecuted and convicted as an adult. Attach additional sheets if necessary.

I understand that the staff of the Sex Offender Registry will conduct a background check on me to verify my criminal history and that I must submit a fee of \$31 for this service.

Mail completed application and check or money order for \$31, payable to Treasurer, State of Maine, to:

State Bureau of Identification
Sex Offender Registry
45 Commerce Drive, Suite 1
Augusta, Maine 04330

I UNDERSTAND THAT MAKING A FALSE STATEMENT THAT I DO NOT BELIEVE TO BE TRUE ON THIS APPLICATION OR KNOWINGLY CREATING OR ATTEMPTING TO CREATE A FALSE IMPRESSION BY OMITTING INFORMATION NECESSARY TO PREVENT THIS APPLICATION FROM BEING MISLEADING CONSTITUTES A CRIMINAL OFFENSE, AND MAY BE PROSECUTED AS, AMONG OTHER OFFENSES, UNSWORN FALSIFICATION PURSUANT TO 17-A M.R.S.A. §453.

Signature: _____ Date: _____

State of Maine
County of _____

Subscribed and sworn to before me this _____ day of _____, _____.

Dated: _____

Notary Public or Attorney
Commission expires:

**INCOMPLETE APPLICATIONS AND APPLICATIONS WITHOUT THE REQUIRED FEE
WILL BE RETURNED WITHOUT BEING PROCESSED.**