

Sex Offender Registry Modification Evaluation Application

The following application is for individuals on the Sex Offender Registry who are requesting a sex offender risk assessment as part of the Sex Offender Registry modification process outlined in Iowa Code 692A.128.

If you would like to request a risk assessment for this purpose, please complete the application below. A \$200 non-refundable application fee will be required at the time this application is submitted. Your application will not be processed without this application fee. Should your application be granted, and an assessment is scheduled, this application fee will be applied toward the \$600 assessment fee. If an assessment is granted the remaining \$400 assessment fee will be required at the time of the assessment interview. An additional fee of \$600 is assessed should the evaluator or designee be required to testify in Court as part of the modification request. It should be noted that filling out this application does not constitute a risk assessment, and does not guarantee you will be granted an assessment. It should also be noted that having an assessment completed does not guarantee you will have your Sex Offender Registry modified. Also be aware that you will be required to sign releases of information for past records and professional consultation regarding your modification request.

Applicant Name (print legibly): _____

First Middle Last

Current Address*: _____

Phone Number*: _____ Email Address: _____

Date of Birth: _____ Social Security Number: _____

Race: ___Black ___White ___Asian or Pacific Islander ___American Indian or Alaska Native

Ethnicity: ___Hispanic ___Non-Hispanic Sex: ___Male ___Female

Citizenship Status: ___US Citizen ___Illegal Alien ___Resident Alien ___Temporary Visa

How many sexually related charges do you have? _____

Were you charged with your sex offense as a juvenile or adult: JUVENILE ADULT

What state and county were you originally charged? _____

Date originally placed on the Sex Offender Registry: _____

Have you been in jail or prison while on the registry? YES NO

If so, when and why? _____

Were you Court Ordered to complete Sex Offender Treatment? YES NO

If YES, did you complete Sex Offender Treatment? YES NO

Or, did you "age out" of the juvenile system? YES NO

Or, did you discharge your supervision successfully prior to completing treatment? YES NO

Are you currently incarcerated? YES NO


Are you currently under correctional supervision? YES NO

Complete the payment slip below and include your payment with this application. **Please do NOT send cash through the mail.** Remember that your application will not be processed without payment of the application fee.

* Please note that we will reply to your request by either phone or mail. By providing the above contact information you are allowing the Sixth Judicial District DCS to communicate and/or leave voice messages to you about this evaluation.

Signature

Date Signed

	Offender Name: _____	ICON # _____
	Payment Enclosed: <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check	
	Payable to: Department of Correctional Services (DCS) Mail to: 951 29 th Ave SW, Cedar Rapids IA 52404	
Charge To: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA		PAYMENT AMOUNT: \$ <small>If no amount is specified, full amount owed will be processed.</small>
Card Holder Name		
Card Billing Address		Card Holder Contact Phone
I authorize Credit Card payment to be charged to this account:		
Acct. No: _____		Exp. Date: ____ / ____
Card Holder Signature: X _____		Date: _____
<small>If no payment amount is specified above, full amount owed will be processed.</small>		
Send receipt to:		
Provide Email or Mailing Address		