



**PENNSYLVANIA STATE POLICE
SEXUAL OFFENDER UPDATE FORM
MEGAN'S LAW
1-866-771-3170**



**Instructions for Completing the Sexual Offender Update Form
for those whose offense occurred BEFORE December 20, 2012.**

- This form may **ONLY** be used by offenders whose offense occurred **BEFORE** December 20, 2012. If the offense date is on or after December 20, 2012, **DO NOT** use this form--these offenders must report updated registration information in person at an approved registration site.
- This form is to be used **ONLY** when an offender is updating their registration information between regularly scheduled in-person verifications. **DO NOT** use this form when you receive a letter from the Pennsylvania State Police indicating that you must report in person for a regularly scheduled verification.
- Section A **MUST** be completed in its entirety. Sections B, C and D must be completed in entirety if any information in that section is being changed. If all previously reported information remains the same and no entry is needed for a particular section, "No Change" must be checked in those sections. Forms which are completed incorrectly may cause a delay, which may result in prosecution under 18 Pa. C.S. § 4915.2.
- If more space is needed to report additional information (ex. more than two employers), document the information on a separate piece of blank paper and attach it to this form.
- Sign and mail the completed Sexual Offender Update Form to the following address: Pennsylvania State Police, Megan's Law Section, 1800 Elmerton Avenue, Harrisburg, Pennsylvania 17110-9758.

SECTION A - OFFENDER INFORMATION

This section is used to record the **sexual offender's information**.

1. **PA SID:** Enter the sexual offender's Pennsylvania State Identification Number (SID). Leave blank if the sexual offender does not have a PA SID, or if it is unknown.
2. **Social Security Number:** Enter the 9-digit social security number.
3. **Date of Birth:** Enter the date of birth numerically by month, day, and 4-digit year.
4. **First Name:** Enter the first name.
5. **Middle Name:** Enter the middle name.
6. **Last Name:** Enter the last name.
7. **Suffix:** Enter the suffix, if applicable.
8. **Gender:** Place an "X" in the appropriate box.
9. **Does Offender Have a Mobile Telephone?** Place an "X" in the appropriate box.
10. **Mobile Telephone:** If YES is selected in Block 9, enter the number, including the area code.
11. **Other Telephone:** Enter any other telephone number (not associated with an address) the sexual offender can be reached at, including the area code.

SECTION B--ADDRESS INFORMATION

This section is used to record all of the **sexual offender's addresses** where the offender resides or receives mail.

Primary Residence

12. **Description:** Enter a description of the primary residence of the sexual offender (e.g., house, apartment, cabin, shelter).
13. **Telephone Number:** Enter the telephone number of the primary residence, including the area code.
14. **Street Address 1:** Enter the street address of the primary residence.
15. **Street Address 2:** Enter any additional street address information for the primary residence (include building name, apartment/room no., etc.).
16. **City:** Enter the city of the primary residence.
17. **State:** Enter the state of the primary residence.
18. **Zip Code:** Enter the zip code of the primary residence.
19. **County:** Enter the county of the primary residence.
20. **Municipality:** Enter the city/township/borough of the primary residence.
21. **Country:** Enter the country of the primary residence.
22. **Responsible Agency Having Jurisdiction:** Enter the police department having jurisdiction where the residence is located.
23. **Transient:** If applicable, check transient if you are an individual required to register who does not have a residence but nevertheless resides in this Commonwealth in a temporary habitat or other temporary place of abode or dwelling, including, but not limited to, a homeless shelter or park.

Secondary Residence

24. **Description:** Enter a description of the secondary residence of the sexual offender (e.g., house, apartment, cabin, shelter).
25. **Telephone Number:** Enter the telephone number of the secondary residence, including the area code.
26. **Street Address 1:** Enter the street address of the secondary residence.
27. **Street Address 2:** Enter any additional street address information for the secondary residence (include building name, apartment/room no., etc.).
28. **City:** Enter the city of the secondary residence.
29. **State:** Enter the state of the secondary residence.
30. **Zip Code:** Enter the zip code of the secondary residence.
31. **County:** Enter the county of the secondary residence.
32. **Municipality:** Enter the city/township/borough of the secondary residence.
33. **Country:** Enter the country of the secondary residence.
34. **Responsible Agency Having Jurisdiction:** Enter the responsible police department having jurisdiction where the residence is located.
35. **Transient:** If applicable, check transient if you are an individual required to register who does not have a residence but nevertheless resides in this Commonwealth in a temporary habitat or other temporary place of abode or dwelling, including, but not limited to, a homeless shelter or park.

Mailing Address

36. Is the Mailing Address the Same as the Physical Address? Place an "X" in the appropriate box. If NO is selected, complete Blocks 36-42.
37. **Street Address 1:** Enter the address where mail is received.

- 38. **Street Address 2:** Enter any additional address information about where mail is received (include P.O. Box, building name, apartment/room no., etc.).
- 39. **City:** Enter the city of the mailing address.
- 40. **State:** Enter the state of the mailing address.
- 41. **Zip Code:** Enter the zip code of the mailing address.
- 42. **County:** Enter the county of the mailing address.

SECTION C – SCHOOL INFORMATION

This section is used to record the **sexual offender's school information.** (Complete only if enrolled as a student.)

- 43. **Name of School:** Enter the name of the school the sexual offender attends.
- 44. **Additional Information:** Enter any additional information concerning the school.
- 45. **Telephone Number:** Enter the telephone number of the school, including the area code.
- 46. **Street Address 1:** Enter the street address of the school.
- 47. **Street Address 2:** Enter any additional street address information for the school (include building name, room no., etc.).
- 48. **City:** Enter the city of the school.
- 49. **State:** Enter the state of the school.
- 50. **Zip Code:** Enter the zip code of the school.
- 51. **County:** Enter the county of the school.
- 52. **Municipality:** Enter the city/township/borough of the school.
- 53. **Country:** Enter the country of the school.
- 54. **Start Date:** Enter the enrollment date (numerically by month, day, and 4-digit year).
- 55. **End Date:** If known, enter the date the sexual offender will no longer attend school (numerically by month, day, and 4-digit year).
- 56. **Responsible Agency Having Jurisdiction:** Enter the responsible police department having jurisdiction where the school is located.

SECTION D– EMPLOYMENT INFORMATION

This section is used to record the **sexual offender's employment information.**

Employer 1

- 57. **Employer:** Enter the name of the place of employment of the sexual offender.
- 58. **Occupation:** Enter the type of work performed (e.g., landscaper, teacher, framer).
- 59. **Supervisor's Name:** Enter the name of the supervisor.
- 60. **Telephone Number:** Enter the telephone number of Employer 1, including the area code.
- 61. **Street Address 1:** Enter the street address of Employer 1.
- 62. **Street Address 2:** Enter any additional street address information for Employer 1 (include building name, room no., etc.).
- 63. **City:** Enter the city of Employer 1.
- 64. **State:** Enter the state of Employer 1.
- 65. **Zip Code:** Enter the zip code of Employer 1.
- 66. **County:** Enter the county of Employer 1.
- 67. **Municipality:** Enter the city/township/borough of Employer 1.
- 68. **Country:** Enter the country of Employer 1.
- 69. **General Work Area:** Enter the portion(s) of the workplace in which the sexual offender moves about while fulfilling work tasks if the sexual offender's employment is not at a fixed address.
- 70. **Start Date:** Enter the first day of employment at Employer 1 (numerically by month, day, and 4-digit year).
- 71. **End Date:** If known, enter the last day of employment at Employer 1 (numerically by month, day, and 4-digit year).
- 72. **Responsible Agency Having Jurisdiction:** Enter the responsible police department having jurisdiction where Employer 1 is located.

Employer 2

- 73. **Employer:** Enter the name of the place of employment of the sexual offender
- 74. **Occupation:** Enter the type of work performed (e.g., landscaper, teacher, framer).
- 75. **Supervisor's Name:** Enter the name of the supervisor.
- 76. **Telephone Number:** Enter the telephone number of Employer 2, including the area code.
- 77. **Street Address 1:** Enter the street address of Employer 2.
- 78. **Street Address 2:** Enter any additional street address information for Employer 2 (include building name, room no., etc.).
- 79. **City:** Enter the city of Employer 2.
- 80. **State:** Enter the state of Employer 2.
- 81. **Zip Code:** Enter the zip code of Employer 2.
- 82. **County:** Enter the county of Employer 2.
- 83. **Municipality:** Enter the city/township/borough of Employer 2.
- 84. **Country:** Enter the country of Employer 2.
- 85. **General Work Area:** Enter the portion(s) of the workplace in which the sexual offender moves about while fulfilling work tasks if the offender's employment is not at a fixed address.
- 86. **Start Date:** Enter the first day of employment at Employer 2 (numerically by month, day, and 4-digit year).
- 87. **End Date:** If known, enter the last day of employment at Employer 2 (numerically by month, day, and 4-digit year).
- 88. **Responsible Agency Having Jurisdiction:** Enter the responsible police department having jurisdiction where Employer 2 is located.

CHECK THE APPROPRIATE REASON(S) BELOW:

Address Change Employment Change Other _____

SECTION A - OFFENDER INFORMATION

1. PA SID		2. SOCIAL SECURITY NUMBER - -		3. DATE OF BIRTH / /	
4. FIRST NAME			5. MIDDLE NAME		
6. LAST NAME			7. SUFFIX	8. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
9. DOES OFFENDER HAVE A MOBILE TELEPHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. MOBILE TELEPHONE - -		11. OTHER TELEPHONE - -	

SECTION B - ADDRESS INFORMATION

RESIDENCE(S) ADDRESS(ES) – PHYSICAL LOCATION OF OFFENDER

PRIMARY RESIDENCE NO CHANGE

12. DESCRIPTION				13. TELEPHONE NUMBER - -	
14. STREET ADDRESS 1			15. STREET ADDRESS 2 (Include Apartment/Room No.)		
16. CITY		17. STATE	18. ZIP CODE	19. COUNTY	
20. MUNICIPALITY (City/Township/Borough)			21. COUNTRY		
22. RESPONSIBLE AGENCY HAVING JURISDICTION					23. TRANSIENT <input type="checkbox"/>

SECONDARY RESIDENCE NO CHANGE

24. DESCRIPTION				25. TELEPHONE NUMBER - -	
26. STREET ADDRESS 1			27. STREET ADDRESS 2 (Include Apartment/Room No.)		
28. CITY		29. STATE	30. ZIP CODE	31. COUNTY	
32. MUNICIPALITY (City/Township/Borough)			33. COUNTRY		
34. RESPONSIBLE AGENCY HAVING JURISDICTION					35. TRANSIENT <input type="checkbox"/>

MAILING ADDRESS NO CHANGE

36. IS THE MAILING ADDRESS THE SAME AS THE PHYSICAL ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, COMPLETE THE MAILING ADDRESS INFORMATION BELOW)					
37. STREET ADDRESS 1			38. STREET ADDRESS 2 (Include Apartment/Room No.)		
39. CITY		40. STATE	41. ZIP CODE	42. COUNTY	

SECTION C - SCHOOL INFORMATION (Complete only if enrolled as a student.) NO CHANGE

43. NAME OF SCHOOL			44. ADDITIONAL INFORMATION		
45. TELEPHONE NUMBER - -	46. STREET ADDRESS 1		47. STREET ADDRESS 2 (Include Room No.)		
48. CITY		49. STATE	50. ZIP CODE	51. COUNTY	
52. MUNICIPALITY (City/Township/Borough)			53. COUNTRY		
54. START DATE / /	55. END DATE / /		56. RESPONSIBLE AGENCY HAVING JURISDICTION		

SECTION D - EMPLOYMENT INFORMATION					
EMPLOYER 1			<input type="checkbox"/> NO CHANGE		
57. EMPLOYER					
58. OCCUPATION		59. SUPERVISOR'S NAME		60. TELEPHONE NUMBER - -	
61. STREET ADDRESS 1			62. STREET ADDRESS 2		
63. CITY		64. STATE	65. ZIP CODE	66. COUNTY	
67. MUNICIPALITY (City/Township/Borough)			68. COUNTRY		
69. GENERAL WORK AREA				70. START DATE / /	71. END DATE / /
72. RESPONSIBLE AGENCY HAVING JURISDICTION					
EMPLOYER 2			<input type="checkbox"/> NO CHANGE		
73. EMPLOYER					
74. OCCUPATION		75. SUPERVISOR'S NAME		76. TELEPHONE NUMBER - -	
77. STREET ADDRESS 1			78. STREET ADDRESS 2		
79. CITY		80. STATE	81. ZIP CODE	82. COUNTY	
83. MUNICIPALITY (City/Township/Borough)			84. COUNTRY		
85. GENERAL WORK AREA				86. START DATE / /	87. END DATE / /
88. RESPONSIBLE AGENCY HAVING JURISDICTION					
ADDITIONAL COMMENTS:					

Any questions regarding your registration requirements should be directed to the Pennsylvania State Police, Megan's Law Section, by calling toll free 1-866-771-3170, or by writing the Pennsylvania State Police, Megan's Law Section, 1800 Elmerton Avenue, Harrisburg, Pennsylvania 17110-9758.

I verify the facts set forth in this registration form are true and correct to the best of my knowledge, information, and belief. This verification is made subject to the penalties of 18 Pa. C.S. §§ 4904 and 4915.2 (relating to unsworn falsification to authorities, and failure to comply with registration of sexual offenders' requirements, respectively).

SIGNATURE - OFFENDER	DATE