



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



### Instructions for Completing the Sexual Offender Update Form

- This form is to be used **ONLY** when an offender is updating their registration information in 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.
- This form may **ONLY** be used by offenders convicted **before** December 20, 2012. If an offender's conviction 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.
- All blocks must be completed correctly in their entirety. Forms which are completed incorrectly may cause a delay, which may result in prosecution under 18 PaC.S. §4915.1
- If additional space is needed to report additional information (more than two cars, more than two employers), document the information on a separate piece of blank paper and attach it to this form.
- Send the signed and 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. **Gender:** Place an "X" in the appropriate box.
8. **Suffix:** Enter the suffix, if applicable.
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 – ALIASES

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

12. **Current Aliases/Nicknames:** Enter ALL aliases/nicknames pertaining to the sexual offender.

#### SECTION C – SCARS/MARKS/TATTOOS/MISSING BODY PARTS (AMPUTATIONS)

This section is used to record the **sexual offender's scars, marks, tattoos, and missing body parts (amputations)**.

13. **Scars:** Enter the location(s) and description(s) of any scars on the sexual offender's body.
14. **Tattoos:** Enter the location(s) and description(s) of any tattoos on the sexual offender's body.
15. **Amputations:** Enter the location(s) and description(s) of any amputations.
16. **Marks:** Place an "X" in the appropriate box, and enter the location(s) and description(s) of any marks on the sexual offender's body.

#### SECTION D – ADDRESS INFORMATION

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

##### Primary Residence

17. **Description:** Enter a description of the primary residence of the sexual offender (e.g., house, apartment, cabin, shelter).
18. **Telephone Number:** Enter the telephone number of the primary residence, including the area code.
19. **Street Address 1:** Enter the street address of the primary residence.
20. **Street Address 2:** Enter any additional street address information for the primary residence (include building name, apartment/room no., etc.).
21. **City:** Enter the city of the primary residence.

22. **State:** Enter the state of the primary residence.
23. **Zip Code:** Enter the zip code of the primary residence.
24. **County:** Enter the county of the primary residence.
25. **Municipality:** Enter the city/township/borough of the primary residence.
26. **Country:** Enter the country of the primary residence.
27. **Responsible Agency Having Jurisdiction:** Enter the police department having jurisdiction where the residence is located.
28. **Transient/Temporary:** If applicable, place an "X" in the appropriate box. 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. Check temporary if you are staying away from your residence for seven or more days.

### **Secondary Residence**

29. **Description:** Enter a description of the secondary residence of the sexual offender (e.g., house, apartment, cabin, shelter).
30. **Telephone Number:** Enter the telephone number of the secondary residence, including the area code.
31. **Street Address 1:** Enter the street address of the secondary residence.
32. **Street Address 2:** Enter any additional street address information for the secondary residence (include building name, apartment/room no., etc.).
33. **City:** Enter the city of the secondary residence.
34. **State:** Enter the state of the secondary residence.
35. **Zip Code:** Enter the zip code of the secondary residence.
36. **County:** Enter the county of the secondary residence.
37. **Municipality:** Enter the city/township/borough of the secondary residence.
38. **Country:** Enter the country of the secondary residence.
39. **Responsible Agency Having Jurisdiction:** Enter the responsible police department having jurisdiction where the residence is located.
40. **Transient/Temporary:** If applicable, place an "X" in the appropriate box. 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. Check temporary if you are staying away from your residence for seven or more days.

### **Mailing Address**

41. Is the Mailing Address the Same as the Physical Address?: Place an "X" in the appropriate box. If NO is selected, complete Blocks 42-47.
42. **Street Address 1:** Enter the address where mail is received.
43. **Street Address 2:** Enter any additional address information about where mail is received (include P.O. Box, building name, apartment/room no., etc.).
44. **City:** Enter the city of the mailing address.
45. **State:** Enter the state of the mailing address.
46. **Zip Code:** Enter the zip code of the mailing address.
47. **County:** Enter the county of the mailing address.

### **SECTION E – SCHOOL INFORMATION**

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

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

## **SECTION F – EMPLOYMENT INFORMATION**

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

### **Employer 1**

62. **Employer:** Enter the name of the place of employment of the sexual offender.
63. **Occupation:** Enter the type of work performed (e.g., landscaper, teacher, framer).
64. **Supervisor's Name:** Enter the name of the supervisor.
65. **Telephone Number:** Enter the telephone number of Employer 1, including the area code.
66. **Street Address 1:** Enter the street address of Employer 1.
67. **Street Address 2:** Enter any additional street address information for Employer 1 (include building name, room no., etc.).
68. **City:** Enter the city of Employer 1.
69. **State:** Enter the state of Employer 1.
70. **Zip Code:** Enter the zip code of Employer 1.
71. **County:** Enter the county of Employer 1.
72. **Municipality:** Enter the city/township/borough of Employer 1.
73. **Country:** Enter the country of Employer 1.
74. **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.
75. **Start Date:** Enter the first day of employment at Employer 1 (numerically by month, day, and 4-digit year).
76. **End Date:** If known, enter the last day of employment at Employer 1 (numerically by month, day, and 4-digit year).
77. **Responsible Agency Having Jurisdiction:** Enter the responsible police department having jurisdiction where Employer 1 is located.

### **Employer 2**

78. **Employer:** Enter the name of the place of employment of the sexual offender
79. **Occupation:** Enter the type of work performed (e.g., landscaper, teacher, framer).
80. **Supervisor's Name:** Enter the name of the supervisor.
81. **Telephone Number:** Enter the telephone number of Employer 2, including the area code.
82. **Street Address 1:** Enter the street address of Employer 2.
83. **Street Address 2:** Enter any additional street address information for Employer 2 (include building name, room no., etc.).
84. **City:** Enter the city of Employer 2.
85. **State:** Enter the state of Employer 2.
86. **Zip Code:** Enter the zip code of Employer 2.
87. **County:** Enter the county of Employer 2.
88. **Municipality:** Enter the city/township/borough of Employer 2.
89. **Country:** Enter the country of Employer 2.
90. **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.
91. **Start Date:** Enter the first day of employment at Employer 2 (numerically by month, day, and 4-digit year).
92. **End Date:** If known, enter the last day of employment at Employer 2 (numerically by month, day, and 4-digit year).
93. **Responsible Agency Having Jurisdiction:** Enter the responsible police department having jurisdiction where Employer 2 is located.

## **SECTION G – VEHICLE INFORMATION**

This section is used to record the **sexual offender's vehicle information** for all vehicles owned or operated.

### **Vehicle 1**

94. **Vehicle Type:** Place an "X" in the appropriate box.
95. **Year:** Enter the year of Vehicle 1.
96. **Make:** Enter the make of Vehicle 1 (e.g., Ford, Chevy, GMC).
97. **Vehicle Primary Color:** Enter the primary color of Vehicle 1.
98. **Model:** Enter the model of Vehicle 1 (e.g., Escort, Corvette, Accord).
99. **Style:** Enter the body style of Vehicle 1 (e.g., pickup truck, 2-door or 4-door coupe, SUV, minivan, wagon, sports car, convertible, hybrid, luxury).
100. **Vehicle Secondary Color:** If Vehicle 1 has a secondary color, record the color.
101. **Vehicle Ownership:** Place an "X" in the appropriate box.
102. **Vehicle Identification Number (VIN):** Enter the vehicle identification number of Vehicle 1.
103. **Is This Vehicle Registered?:** Place an "X" in the appropriate box.
104. **Plate #:** Enter the license plate number of Vehicle 1.
105. **State:** Enter the state where Vehicle 1 is registered.

106. **Is License Plate Expiration Date Non-expiring?/Plate Expiration Date:** Place an "X" in the appropriate box, and enter the expiration date if NO is selected.
107. **License Plate Type:** Enter the type of license plate for Vehicle 1 (e.g., auto, truck, dealer).
108. **Additional Details:** Enter any additional details for Vehicle 1.
109. **General Parking Locations:** Enter all locations where Vehicle 1 is typically parked.

#### **Vehicle 2**

110. **Vehicle Type:** Place an "X" in the appropriate box.
111. **Year:** Enter the year of Vehicle 2.
112. **Make:** Enter the make of Vehicle 2 (e.g., Ford, Chevy, GMC).
113. **Vehicle Primary Color:** Enter the primary color of Vehicle 2.
114. **Model:** Enter the model of Vehicle 2 (e.g., Escort, Corvette, Accord).
115. **Style:** Enter the body style of Vehicle 2 (e.g., pickup truck, 2-door or 4-door coupe, SUV, minivan, wagon, sports car, convertible, hybrid, luxury).
116. **Vehicle Secondary Color:** If Vehicle 2 has a secondary color, enter the color.
117. **Vehicle Ownership:** Place an "X" in the appropriate box.
118. **Vehicle Identification Number (VIN):** Enter the vehicle identification number of Vehicle 2.
119. **Is This Vehicle Registered?:** Place an "X" in the appropriate box.
120. **Plate #:** Enter the license plate number of Vehicle 2.
121. **State:** Enter the state where Vehicle 2 is registered.
122. **Is License Plate Expiration Date Non-expiring?/Plate Expiration Date:** Place an "X" in the appropriate box, and enter the expiration date if NO is selected.
123. **License Plate Type:** Enter the type of license plate for Vehicle 2 (e.g., auto, truck, dealer).
124. **Additional Details:** Enter any additional details for Vehicle 2.
125. **General Parking Locations:** Enter all locations where Vehicle 2 is typically parked.

#### **SECTION H – INTERNET IDENTIFIERS**

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

126. **Email Address:** Enter ALL email addresses affiliated with the sexual offender.
127. **Site Identifiers/Site Affiliation(s):** Enter all Internet website identifiers affiliated with the sexual offender (e.g., Facebook, Twitter, Tagged, MySpace).

#### **SECTION I – LICENSE INFORMATION**

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

##### **Driver's License**

128. **Driver's License Number:** Enter the sexual offender's driver's license number.
129. **Issuing State:** Enter the state in which the driver's license was issued.
130. **Expiration Date:** Enter the expiration date (numerically by month, day, and 4-digit year).
131. **Is License Current?:** Place an "X" in the appropriate box.

##### **Professional License** (Complete this section only if applicable).

132. **License Number:** Enter the sexual offender's professional license number.
133. **License Type:** Enter the type of professional license (e.g., plumber, barber, pilot).
134. **Issuing Agency:** Enter the issuing agency of the professional license.
135. **Issuing State:** Enter the state that issued the professional license.
136. **Expiration Date:** Enter the expiration date of the professional license (numerically by month, day, and 4-digit year).
137. **Is license Current?:** Place an "X" in the appropriate box.

#### **SECTION J – COUNSELING INFORMATION**

This section is to be completed by sexually violent predators or sexually violent delinquent children **ONLY**.

138. **Provider:** Enter the name of the treatment provider.
139. **Location:** Enter the street address of the treatment provider.

**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. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	8. SUFFIX
9. DOES OFFENDER HAVE A MOBILE TELEPHONE? <input type="checkbox"/> YES <input type="checkbox"/> NO	10. MOBILE TELEPHONE - -	11. OTHER TELEPHONE - -

**SECTION B - ALIASES**

12. CURRENT ALIASES/NICKNAMES FIRST NAME	LAST NAME
If the alias is only one name, place an "X" in the "First Name" field and write the alias in the "Last Name" field.	

**SECTION C - SCARS/MARKS/TATTOOS/MISSING BODY PARTS (AMPUTATIONS)**

13. SCARS LOCATION DESCRIPTION	14. TATTOOS LOCATION DESCRIPTION
15. AMPUTATIONS LOCATION DESCRIPTION	16. MARKS <input type="checkbox"/> DEFORMITIES <input type="checkbox"/> MOLE <input type="checkbox"/> SKIN DISCOLORATION <input type="checkbox"/> UNKNOWN LOCATION DESCRIPTION <hr style="border-top: 1px dashed black;"/> <input type="checkbox"/> DEFORMITIES <input type="checkbox"/> MOLE <input type="checkbox"/> SKIN DISCOLORATION <input type="checkbox"/> UNKNOWN LOCATION DESCRIPTION

**SECTION D - ADDRESS INFORMATION**

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

<b>PRIMARY RESIDENCE</b>			
17. DESCRIPTION			18. TELEPHONE NUMBER - -
19. STREET ADDRESS 1		20. STREET ADDRESS 2 (Include Apartment/Room No.)	
21. CITY	22. STATE	23. ZIP CODE	24. COUNTY
25. MUNICIPALITY (City/Township/Borough)		26. COUNTRY	
27. RESPONSIBLE AGENCY HAVING JURISDICTION			28. TRANSIENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>
<b>SECONDARY RESIDENCE</b>			
29. DESCRIPTION			30. TELEPHONE NUMBER - -
31. STREET ADDRESS 1		32. STREET ADDRESS 2 (Include Apartment/Room No.)	
33. CITY	34. STATE	35. ZIP CODE	36. COUNTY
37. MUNICIPALITY (City/Township/Borough)		38. COUNTRY	
39. RESPONSIBLE AGENCY HAVING JURISDICTION			40. TRANSIENT <input type="checkbox"/> TEMPORARY <input type="checkbox"/>

<b>MAILING ADDRESS</b>			
41. 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)			
42. STREET ADDRESS 1		43. STREET ADDRESS 2 (Include Apartment/Room No.)	
44. CITY	45. STATE	46. ZIP CODE	47. COUNTY
<b>SECTION E - SCHOOL INFORMATION (Complete only if enrolled as a student.)</b>			
48. NAME OF SCHOOL		49. ADDITIONAL INFORMATION	
50. TELEPHONE NUMBER - -	51. STREET ADDRESS 1		52. STREET ADDRESS 2 (Include Room No.)
53. CITY	54. STATE	55. ZIP CODE	56. COUNTY
57. MUNICIPALITY (City/Township/Borough)			58. COUNTRY
59. START DATE / /	60. END DATE / /	61. RESPONSIBLE AGENCY HAVING JURISDICTION	
<b>SECTION F - EMPLOYMENT INFORMATION</b>			
<b>EMPLOYER 1</b>			
62. EMPLOYER			
63. OCCUPATION		64. SUPERVISOR'S NAME	65. TELEPHONE NUMBER - -
66. STREET ADDRESS 1		67. STREET ADDRESS 2	
68. CITY	69. STATE	70. ZIP CODE	71. COUNTY
72. MUNICIPALITY (City/Township/Borough)			73. COUNTRY
74. GENERAL WORK AREA		75. START DATE / /	76. END DATE / /
77. RESPONSIBLE AGENCY HAVING JURISDICTION			
<b>EMPLOYER 2</b>			
78. EMPLOYER			
79. OCCUPATION		80. SUPERVISOR'S NAME	81. TELEPHONE NUMBER - -
82. STREET ADDRESS 1		83. STREET ADDRESS 2	
84. CITY	85. STATE	86. ZIP CODE	87. COUNTY
88. MUNICIPALITY (City/Township/Borough)			89. COUNTRY
90. GENERAL WORK AREA		91. START DATE / /	92. END DATE / /
93. RESPONSIBLE AGENCY HAVING JURISDICTION			

**SECTION G - VEHICLE INFORMATION**

IF ADDITIONAL SPACE IS REQUIRED FOR MORE THAN 2 VEHICLES OPERATED OR OWNED, LIST ON SEPARATE PAGE

**VEHICLE 1**

94. VEHICLE TYPE <input type="checkbox"/> Aircraft <input type="checkbox"/> Motorcycle <input type="checkbox"/> Auto <input type="checkbox"/> Trailer <input type="checkbox"/> Boat <input type="checkbox"/> Truck	95. YEAR	96. MAKE	97. VEHICLE PRIMARY COLOR
	98. MODEL	99. STYLE	100. VEHICLE SECONDARY COLOR

101. VEHICLE OWNERSHIP <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Registered to Acquaintance	<input type="checkbox"/> Registered to Member of Household <input type="checkbox"/> Registered to Relative That Does not Share Residence <input type="checkbox"/> Rental <input type="checkbox"/> Work	102. VEHICLE IDENTIFICATION NUMBER (VIN)
		103. IS THIS VEHICLE REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO

104. PLATE #	105. STATE	106. IS LICENSE PLATE EXPIRATION DATE NON-EXPIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLATE EXPIRATION DATE / /	107. LICENSE PLATE TYPE
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108. ADDITIONAL DETAILS	109. GENERAL PARKING LOCATIONS
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**VEHICLE 2**



110. VEHICLE TYPE <input type="checkbox"/> Aircraft <input type="checkbox"/> Motorcycle <input type="checkbox"/> Auto <input type="checkbox"/> Trailer <input type="checkbox"/> Boat <input type="checkbox"/> Truck	111. YEAR	112. MAKE	113. VEHICLE PRIMARY COLOR
	114. MODEL	115. STYLE	116. VEHICLE SECONDARY COLOR

117. VEHICLE OWNERSHIP <input type="checkbox"/> Loaner <input type="checkbox"/> Other <input type="checkbox"/> Personal <input type="checkbox"/> Registered to Acquaintance	<input type="checkbox"/> Registered to Member of Household <input type="checkbox"/> Registered to Relative That Does not Share Residence <input type="checkbox"/> Rental <input type="checkbox"/> Work	118. VEHICLE IDENTIFICATION NUMBER (VIN)
		119. IS THIS VEHICLE REGISTERED? <input type="checkbox"/> YES <input type="checkbox"/> NO

120. PLATE #	121. STATE	122. IS LICENSE PLATE EXPIRATION DATE NON-EXPIRING? <input type="checkbox"/> YES <input type="checkbox"/> NO	PLATE EXPIRATION DATE / /	123. LICENSE PLATE TYPE
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124. ADDITIONAL DETAILS	125. GENERAL PARKING LOCATIONS
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**SECTION H - INTERNET IDENTIFIERS**

126. EMAIL ADDRESS  List ALL email addresses affiliated with offender.	127. SITE IDENTIFIERS      SITE AFFILIATION(S)  List ALL identifiers affiliated with offender (e.g., Facebook, Twitter, Tagged, Myspace).
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**SECTION I – LICENSE INFORMATION**

**DRIVER'S LICENSE**

128. DRIVER'S LICENSE NUMBER	129. ISSUING STATE	130. EXPIRATION DATE / /	131. IS LICENSE CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**PROFESSIONAL LICENSE**

132. LICENSE NUMBER	133. LICENSE TYPE	134. ISSUING AGENCY	
135. ISSUING STATE	136. EXPIRATION DATE / /	137. IS LICENSE CURRENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**SECTION J - COUNSELING INFORMATION  
(SEXUALLY VIOLENT PREDATORS OR SEXUALLY VIOLENT DELINQUENT CHILDREN ONLY)**

138. PROVIDER	139. LOCATION
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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 4915.1 (relating to unsworn falsification to authorities, and failure to comply with registration of sexual offenders requirements, respectively).**

SIGNATURE - OFFENDER	DATE
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