

Mary Rippy Violent Crime Offenders Notice of Duty to Register Pursuant to Title 57, Sections 591 – 599 of the Oklahoma State Statutes

Name:	ame:		First		Middle		ODOC #	
Offender Home Address: Street Address		Apt. #	City	County	State	Zip Code		
Mailing Address (if different):		ημ. π	Oity	County	Oldic	Zip Code		
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		h provision:	l dutu to ro	aiotor oo o	violent effend	or with th	o Oklohomo	
1.	Departmen jurisdiction sheriff, or s student (ful higher learn	nd I have a lega t of Corrections (Cover my place of resecurity departme I or part-time) or ning. I am respon registration proces	DDOC) and esidence. Lent of any in residing in sible for ob	with the local ocal LE is the stitution of property ow taining and	al law enforcement the municipal poling higher learning whed or controll submitting the i	ent (LE) agice depart g if I am elled by an information	gency having ment, county enrolled as a institution of	
2.	I understand if I was sentenced in Oklahoma, I will register within three business days of receiving a probationary sentence or release from a correctional facility. I will register in person with the local LE having jurisdiction over any residence I intend to stay at for more than seven days within three days of entering the jurisdiction.							
3.	If I am entering the state, I will register in person with the ODOC within three days if I intend to be in the state for any purpose for 30days or longer, am employed (full or part-time with or without compensation) for more than 14days or an aggregate period exceeding 30days within a calendar year or am enrolled as a student (full or part-time) within this state. I will register in person with the local LE in the area where I intend to reside or stay for more than seven days, have employment (full or part-time with or without compensation) for more than 14days or an aggregate period exceeding 30days within a calendar year, or am enrolled as a student (full or part-time) within this state. I will register within three days of entering the jurisdiction.							
4.	days prior to drop, termin I will notify, employmenthe new add in the new	Id I will notify, in to moving from the nate or otherwise in writing, the OD at within three day dress to ODOC wastate. I understand	e address of change enroy on and local soft the challithin 10days and if the new	of the previo ollment or e cal law enfor inge. If I move s before I es v state requi	nus registration. mployment at a cement of the c ve to another st tablish residenc ires registration	If I gradu any school hange in e ate, I will g by or temp for the of	ate, transfer, in this state, enrollment or give notice of orarily reside fense I have	
5.		d it is unlawful for nises, or for any premises.		•				
6.	10years aft habitual vio am required or every 90 post office	d I will continuous er the date of the elent crime offended to verify my add days if I have the box. If the physic vided, which may	completion er, I will be ress with the habitual state all address	of the sente required to e local LE au atus. The ad- given canno	ence. If it has be register for my nnually if I do no dress will be a p of receive mail,	een deterr lifetime. I ot have ha ohysical a a mailing	mined I am a understand I bitual status, ddress, not a address will	

Offender will initial each provision:						
	form at my registered address and will have 10days to deliver the letter to the local LE to verify this address. If I do not receive my verification letter by the tenth day of the scheduled month, I will report in person to the law enforcement agency having jurisdiction of my residence.					
7.	I understand I will submit to a blood or saliva test for a DNA profile within 30days of registration, unless a valid sample is verified on file with the Oklahoma State Bureau of Investigation.					
8.	I understand any violation of these provisions will be a felony punishable by incarceration in a correctional facility for not more than five years, a fine not to exceed \$5,000, or both.					
9.	These duties and procedures have been explained to me.					
Offender Signa	nture	Date				
Witness Name	Printed Position/Title	Facility/LE Agency				
Witness Signat	THE STATE OF THE S	Date				
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NOTE: This page <u>will</u> contain the offender's and witness' signature or the form will be returned for completion. The law enforcement and/or probation office will return this signed document to <u>osor@doc.ok.gov</u> within three days of receipt.

Original: Violent Crime Offender File

Copy: File (Section 3)

(R 10/24)