(R 06/22)

METHAMPHETAMINE INMATE REGISTRATION

Instructions to Correctional Case Manager:

Registrant Signature:

This information will be completed and given to inmate/offender if they are required	to
register due to methamphetamine conviction according to the J&S.	

County:	Ca	ase Number:			
DEFENDANT INFORMATION (Plea	ase Print)				
Last Name:	First Name:		Middle Name:		
Date of Birth:	Phone#(H):		Phone#(C):		
Current Physical Address:					
City:	State:		Zip:		
D.L.#:	ST.ID. #:		Gender:	□М	□F
CONVICTION AND/OR PLEA					
Offense:					
Date of Conviction/Plea:		Judge:			
Offense:		1			
Date of Conviction/Plea:		Judge:			
Instructions to the Offender: How to register: Pursuant to Title 63 O.S. 2-701, a Offender Registry Act must registe case or within 10 days of release fr	r within 10 days	of the date of	f finial disp	osition	of the
Registrations MUST be submitted e and PMP you will click https://www.obndd.ok.gov/regist If you have any questions or conce with the OKLAHOMA BUREAU OF 522-8031 or (405) 530-3140.	Meth Registeration-pmp/meterns regarding the	tration or th-registration is registration	you ca on. , contact N	an go Meth Re	o to egistry
□ I have read or this information was and accurate. I do understand that the notify the Methamphetamine Registry	he statute require	s a current re	sidence ad	dress a	nd will