

Department of Correctional Services

Sex Offenders Registry

Request for Sex Offender Registry Information

All requests for Sex Offender information must be made on this form and made to the Registrar of the Sex Offender Registry care of the local parish Registration Centre, along with a self addressed stamped envelope.

The Registrar will provide a report in accordance with guidelines stated in the Sexual Offences Act (2009) and the Sexual Offences (Registration of Sex Offenders) Regulations, 2012.

All request shall be recorded and kept confidential except to assist or defend in a criminal prosecution.

SOR Use Only

Requestor's Name: _____ Date of Birth: _____

TRN: _____ Organization Name (If any): _____

Address: _____

Telephone No: _____ Email Address: _____

Reason for request:

I confirm that I am the above named person is at least eighteen (18) years old, and I am requesting information for my own protection, the protection of a child or for the protection of another person for whom I have responsibility, care or custody.

Requestor's Signature: _____

Date: _____

I hereby request that the following information be used to determine whether the identified individual is a sex offender required to register in Jamaica.

Subjects Name: _____
Last Name First Name Middle Initial

Date of Birth (dd/mm/yy): __/__/____ Approximate Age: _____

TRN: _____ NIS: _____

Address

Personal Identifying Characteristics

Sex: Male Female

Race: _____ Height: _____ Weight: _____

Eye Colour: _____ Hair Colour: _____

Other Information:

Warning

Sex Offender Registry Information shall not be used to harass or to engage in illegal discrimination of an offender. Any person who uses information disclosed for such purpose is punishable by law.