

**Annual Residence/Employment Verification Form for the Civil Childhood Sexual Abuse Registry (CCSAR)  
(ORC 3797.04) Registrant Information (Type or Print Clearly)**

Name \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_

Race \_\_\_\_\_ Gender \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Alias \_\_\_\_\_

Current Residence Address \_\_\_\_\_  
(Street) (City)  
\_\_\_\_\_  
(State) (Zip) ( ) (Phone)

Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

County where Declaratory Judgment Entered \_\_\_\_\_

Court Case Number \_\_\_\_\_

Date the Declaratory Judgment was Entered \_\_\_\_\_

The sheriff shall take a current photograph of the registrant and attach to this form.

The registrant acknowledges that all of the information that he/she has provided in this form is correct.

Signature of Registrant \_\_\_\_\_ Dated \_\_\_\_\_

Signature of Sheriff \_\_\_\_\_

Date Sheriff receives registration form \_\_\_\_\_

**The registration required pursuant to R.C. 3797.04 is complete when the registrant personally appears before the sheriff and completes and signs this form.**

**Failure to register, failure to verify residence at the specified times, or failure to provide notice of a change in residence or employer in Ohio, will result in criminal prosecution.**

**THE SHERIFF SHALL TRANSMIT THIS FORM BY ELECTRONIC MEANS AS PROVIDED BY THE SUPERINTENDENT OF BCI&I OR BY MAIL OR FACSIMILE TRANSMISSION TO BCI&I, ATTN: ADMINISTRATOR FOR CIVIL CHILDHOOD SEXUAL ABUSE REGISTRY (CCSAR), P.O. BOX 365, LONDON, OHIO 43140.**

White copy – Send to BCI

Yellow copy – Registrant

Pink Copy - Sheriff