

Appendix 2 Notice of Intent to Reside Form for the Civil Childhood Sexual Abuse Registry (CCSAR)

(ORC 3797.03) 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)

The Court has entered a declaratory judgment against me in (name of county) County, in Case Number pursuant to section 2721.21 of the (insert case number) Revised Code.

Address of where I intend to reside

(Street) (city) (State) (Zip)

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

Signature of Registrant Dated

Date sheriff receives Notice of Intent to Reside 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 FASCIMILE 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&I Yellow copy – Registrant Pink copy — Sheriff