

**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