

**State of Louisiana
Violence against Peace Officers Registration Form**

AGENCY INFORMATION

Agency Name :	Agency ORI# :
Agency Address :	
Agency Phone# :	Agency Fax# :
Agency Email :	

OFFENDERS INFORMATION

Name :	Date of Registration :
Alias :	State ID/SID# :
DOB :	DOC# :
Age :	FBI# :
Race:	SSN# :
Sex :	Home Phone# :
Height :	Cell Phone# :
Weight :	Scars :
Eye Color :	Marks :
Hair Color :	Tattoos :
Birthplace :	DL# and State :
Home address :	Vehicle Make :
Apt/Lot# :	Vehicle Model:
City :	Vehicle Color :
Parish :	Vehicle Year :
Zip code :	License # :
Mailing address if different than residence :	Employer's name and address :

OFFENSES

Offense Literal :	Date of Conviction:
Offense R.S. Code :	Court of Conviction:
Date Offense was Committed :	Parish of Conviction:
City Where Offense Occurred :	Docket # :
Parish Where Offense Occurred :	Date of release :

I hereby certify that the registration information on this Violence against Peace Officer Registration form is true and complete and that I have fully disclosed all pertinent information. I have received a copy of the statutes providing for such requirements. I understand that I must update any changes in my address with my local sheriff. I also understand that any changes in the Violence against Peace Officer law will apply to me.

Notification Officer (Print Name)

Signature of Notification Officer

Signature of Offender

Date