



FAIRFIELD POLICE DEPARTMENT ROLL CALL TRAINING

October 2023

Sex Registrant Questionnaire

The Sex Registrant Questionnaire form has been updated and expanded for newly registered sex offenders with the Fairfield Police Department. The form has been redesigned to ascertain further information from sex offenders while streamlining the process for Fairfield Police officers.

The following updates have been made to the form:

- Registrant's Place of Birth (City, State)
- Registrant's Address
- Age/Sex of children under 18 years of age residing with registrant (Include Names and Attending Schools)
- Scars, Marks, and Tattoos have been expanded to individual regions of the body. Check the box and describe the scar, mark, or tattoo as it applies. Take photographs of the scars, marks, and tattoos and email them to CSO Robertson.
- Probation and Parole categories have been expanded, check the applicable boxes and fill out the appropriate sections.
- Agency or Jurisdiction where your crime(s) were committed or arrested: (Agency Name, City, State).
- Victim's Age, check the appropriate boxes that apply.
- Relationship to Victim, check the appropriate boxes that apply.
- Type of Crime, check the appropriate boxes that apply. All the crimes that are listed under Penal Code section 290 are listed.

Registrant #

Fairfield Police Department
SEX REGISTRANT QUESTIONNAIRE (Page 1)

Registrant's Name (First, Middle, Last)					
Registrant's Place of Birth (City, State)					
Have you previously registered? <input type="checkbox"/> YES <input type="checkbox"/> NO		When (Date)	Agency Name (Jurisdiction – City /State)		
Registrant's Address					
Spouse/significant other/roommate that reside with Registrant at Address - Contact Info ((First, Middle, Last, DOB, Telephone Number)					
(If applicable)- Age/Sex of children under 18 years of age residing with registrant (Include Names and Attending Schools)					
Parent(s) name, birthdate, address (City, State) and telephone number of Registrant <input type="checkbox"/> Father (First, Middle, Last, DOB): <input type="checkbox"/> Mother (First, Middle, Last, DOB):					
List known associates <input type="checkbox"/> (First, Middle, Last, DOB): <input type="checkbox"/> (First, Middle, Last, DOB):					
Scars, marks, tattoos, amputations, glasses, etc.: (Please Check all that apply and write in the description) <u>Note to Officers: Take photographs of subject, including below listed details. Ensure hats and/or masks are removed.</u>					
<input type="checkbox"/> Head: <input type="checkbox"/> Neck: <input type="checkbox"/> Chest: <input type="checkbox"/> Back:	<input type="checkbox"/> Abdomen: <input type="checkbox"/> Left Arm: <input type="checkbox"/> Right Arm: <input type="checkbox"/> Left Hand:	<input type="checkbox"/> Right Hand: <input type="checkbox"/> Left Leg: <input type="checkbox"/> Right Leg: <input type="checkbox"/> Other: (Describe)			
Parole <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervising Agency:			
Probation <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervising Agency:			
Parole/Probation Officer:		Telephone:	Search & Seizure Status? <input type="checkbox"/> YES <input type="checkbox"/> NO	Termination Date:	
Veh #1 - Make		Model	Year	Color	License Number
Veh #2- Make		Model	Year	Color	License Number

Registrant #

Fairfield Police Department
SEX REGISTRANT QUESTIONNAIRE (Page 2)

Agency or Jurisdiction where your crime(s) were committed or arrested: (Agency Name, City, State)		
Modus Operandi- Circumstances surrounding the incident that caused you to register: (How many victims and incidents)		
Victim Age: (Please Check all that apply) <input type="checkbox"/> 0 – 4 YEARS <input type="checkbox"/> 4 – 8 YEARS <input type="checkbox"/> 8- 12 YEARS <input type="checkbox"/> 12-16 YEARS <input type="checkbox"/> 16-18 YEARS <input type="checkbox"/> 18-64 YEARS <input type="checkbox"/> 65+ YEARS	Relationship to Victim (Please Check all that apply) <input type="checkbox"/> DIRECT FAMILY MEMBER (Parent, Sibling, etc) <input type="checkbox"/> RELATIVE (Uncle / Aunt / Cousin / Grandparents, etc) <input type="checkbox"/> PARTNER (Spouse, Dating relationship, ex) <input type="checkbox"/> ROOMMATE (Cohabitant) <input type="checkbox"/> CO-WORKER (or former) <input type="checkbox"/> ASSOCIATE: (Describe) _____ <input type="checkbox"/> STRANGER (No relationship)	
Type of Crime: (Please Check all that apply) <input type="checkbox"/> Homicide (187 PC) while attempting or committing 261 PC, 286 PC, 287 PC, 288 PC, or 289 PC <input type="checkbox"/> Kidnapping (207 PC or 209 PC) with intent to violate 261 PC, 286 PC, 287 PC, or 289 PC <input type="checkbox"/> Assault to Commit a Felony (220 PC) to include 261 PC, 286 PC, 287 PC, or 289 PC <input type="checkbox"/> Sexual Battery (243.4 PC) <input type="checkbox"/> Rape (261 PC) <input type="checkbox"/> Aiding and abetting a rape (264.1 PC) <input type="checkbox"/> Pimping or Pandering a Minor (266h or 266i PC) <input type="checkbox"/> Transporting a child under 16 years of age to commit lewd acts (266j PC) <input type="checkbox"/> Abducting a Minor for Prostitution (267 PC) <input type="checkbox"/> Aggravated Sexual Assault of a Child (269 PC) <input type="checkbox"/> Contributing to the delinquency of a minor with lewd or lascivious conduct (272 PC) <input type="checkbox"/> Incest (285 PC) <input type="checkbox"/> Sodomy (286 PC) <input type="checkbox"/> Lewd or Lascivious act with a Minor (288 PC) <input type="checkbox"/> Oral Copulation (288a PC) <input type="checkbox"/> Showing obscene material to minors (288.2 PC) <input type="checkbox"/> Contacting a minor with the intent to commit certain felonies (288.3 PC) <input type="checkbox"/> Arranging a meeting with a minor for lewd purposes (288.4 PC) <input type="checkbox"/> Continuous sexual abuse of a minor (288.5 PC) <input type="checkbox"/> Engaging in sodomy with a child 10 years or younger (288.7 PC) <input type="checkbox"/> Sexual Penetration by force or fear (289 PC) <input type="checkbox"/> Child Pornography (311.1 through 311.11 PC) <input type="checkbox"/> Indecent Exposure (314 PC) <input type="checkbox"/> Annoying or Molesting a Child (647.6 PC) <input type="checkbox"/> Solicitation to commit a sex crime (653f(c) PC)		
Registrant's Signature	Date	
Interviewed By Officer-- Please Print	ID#	Date

When registering new Sex Registrants, please remember the following:

- Do not allow the registrant to roll their own fingerprints on the LiveScan machine.
- When taking photographs of the registrant using the LiveScan machine, have the subject take off their glasses, masks, or any other items obstructing their face. An unobstructed photograph of the subject's face is required for California Sex and Arson Registry (CSAR).

Author: Training Unit

Distribution: All employees