

Fifth Judicial District

Department of Correctional Services

Jim Hancock Center, 1000 Washington Avenue, Des Moines, IA 50314
(515) 242-6604 • Fax (515) 242-6625

Sex Offender Registry Modification Evaluation Application

The following application is for individuals on the Sex Offender Registry who are requesting a sex offender risk assessment as part of the Sex Offender Registry modification process outlined in Iowa Code 692A.128.

If you would like to request a risk assessment for this purpose, please complete the application below. A \$50 application fee will be required at the time this application is submitted. Your application will not be processed without this application fee. Should your application be granted, and an assessment is scheduled, this application fee will be added to the \$600 assessment fee. If an assessment is granted the remaining \$550 assessment fee will be required at the time of the assessment interview. An additional \$600 fee will also be assessed should the evaluator or designee be required by you or your attorney to testify in Court as part of the modification request. It should be noted that filling out this application does not constitute a risk assessment, and does not guarantee you will be granted an assessment. It should also be noted that having an assessment completed does not guarantee you will have your Sex Offender Registry modified. Also be aware that you will be required to sign releases of information for past records and professional consultation regarding your modification request.

Applicant Name: _____

Date of Birth: _____

Current Address*: _____

Phone Number*: _____ Email Address: _____

How many sexually related charges do you have? _____

Were you charged with your sex offense as a juvenile or adult?	Juvenile	Adult
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What State and County were you originally charged? _____

Date originally placed on the Sex Offender Registry: _____

Have you been in jail or prison while on the registry?	YES	NO
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If so, when and why? _____

Were you Court Ordered to complete Sex Offender Treatment?	YES	NO
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If Yes, did you complete Sex Offender Treatment, "age out" of the juvenile system, or have your supervision discharged successfully prior to completing treatment?	YES	NO
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Are you currently incarcerated or on Work Release status?	YES	NO
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When completed, please mail, email, or fax this application to:

Kristi Skare

Fifth Judicial District
Department of Correctional Services
1000 Washington Avenue
Des Moines, Iowa 50314

Email: Kristi.Skare@iowa.gov

Fax: (515) 242-6625

Please make your check or money order payable to: "5th Judicial District, DCS," and attach it to your application. The 5th District is also able to take payment via credit card. Please contact Kelly Overton at (515) 242-6621 to process your payment. **Please do NOT send cash through the mail.** Please remember that your application will not be processed without payment of the application fee.

** Please note that we will reply to your request by either phone or Mail. By providing the above contact information you are allowing the 5th Judicial District to communicate and/or leave voice messages to you about this evaluation.*

(Print Name)

(Date of Birth)

(Signature)

(Today's Date)