



Iowa Department of Public Safety
DIVISION OF CRIMINAL INVESTIGATION
SEX OFFENDER REGISTRY



APPLICATION FOR DETERMINATION

I _____ request that the Iowa
Department of Public Safety determine:

(Check situation(s) you would like to have determined. You may make more than one selection).

- ☐ Whether the offense(s) I have been convicted of requires me to register as a sex offender in the state of Iowa.
☐ Whether the period of time during which I am obligated to register has expired.
☐ Whether my information should be exempted from placement on the Iowa Sex Offender Registry public website.
☐ My applicable Tier level as established in Code of Iowa Chapter 692A.
☐ The applicability of the Residency Restrictions as established in Code of Iowa Chapter 692A.
☐ Other: _____

Date	Charge(s) Convicted Of:	Statute:	City/State:
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_____	_____	_____	_____
_____	_____	_____	_____

This application must be accompanied by copy(s) of sentencing or adjudicatory order(s) with respect to each offense for which the applicant asks that a determination be made. Failure to submit this information shall constitute grounds for denial of the application.

Describe your case. Why do you think you should not have to register, or why your time should be up, or why you should be exempt from the website or why you think you have not been placed in the right Tier level, or why you should be exempt from the residency restriction. Use additional sheets as necessary.

Applicant's Last Name	First	Middle
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Applicant's Address	City	County	State	Zip
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Date of Birth	Social Security Number
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Phone number where you can be reached for questions about this application

Applicant's Signature	Date
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Filing Date (to be completed by the Department of Public Safety)

The Iowa Department of Public Safety will make the determination within ninety (90) days of the filing date of this request. **The filing date shall be the date the DCI receives this completed form and all required documentation.**

Dissemination: Original - DCI, Copy - Registrant

Dissemination: Original - Registrant, Copy - DCI, Copy - Sheriff of County of Current Address or SOR of State of Address, Copy - County or State of Conviction



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INSTRUCTIONS

DETERMINATION OF REQUIREMENT

1. This form is required to be completed, signed, dated and accompanied by copies of sentencing or adjudicatory orders with respect to each offense for which the person asks that a determination be made.

2. Send form and appropriate documents to:

Iowa Department of Public Safety

Division of Criminal Investigation

Sex Offender Registry

215 E 7th St

Des Moines, IA 50319

3. A determination as to whether the person is required to register, time period has expired, or information should be exempted from the Department of Public Safety Web Site under Chapter 692A shall be made within ninety (90) days of the filing of the request. The filing date shall be the date the DCI receives this completed form and all required documentation.

NOTE: Use of certified mail for this process is recommended, however, not required. Phone calls checking on receipt of this application or documents required to accompany this information cannot be accepted.

4. Dissemination of the Application For Determination:

- a. Original to DCI;
- b. Copy to Registrant.