



Regional Sex Offender Unit

Sexual Offender No-Fixed Address Supplement



Name: _____ RPD, WCSO or SPD ID # _____
 (Please Print Full Name)

Date of Birth: _____ Social Security # _____

Vehicle Year: _____ Make: _____ Model: _____

Color: _____ License State: _____ Number: _____

Are you living in your vehicle? Yes No

Where do you go or stay during the daytime hours? _____

Where do you go for your meals? _____

Where do you go to sleep at night? _____

Do you have any interaction or contact with the halfway houses or homeless care agencies in the Reno/Sparks/Washoe County area? Yes No

If yes, list all facilities: _____

Do you have friends in the area you can stay with? Yes No

If yes, list their name, address, city: _____

When you have been employed what types of jobs have you done? _____

Are you on any Temporary Services employment rosters? Yes No

If yes, who: _____

Do you have any medical conditions requiring medical treatment? Yes No

If yes, where do you go for treatment: _____

If no, where did you go when you received treatment in the past? _____

Initial this page that you have read all questions and provided no false/misleading statements: _____