

Reviewed by: (1) _____ (2) _____ (3) _____

Follow up needed: Y / N _____ Assigned to: _____

Follow up to be done: _____

Copy provided to agency of jurisdiction: Y / N _____

Entered into Leads Tracking: Y / N _____ Lead #: _____

SEX OFFENDER CANVASS

Address: _____

1 st Attempt: Date: _____	2 nd Attempt: Date: _____	3 rd Attempt: Date: _____
Time: _____	Time: _____	Time: _____

Interviewing Officer #1: Agency: _____ Phone #: _____	Interviewing Officer #2: Agency: _____ Phone #: _____
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IS THE VICTIM'S HOME VISIBLE FROM THIS LOCATION? Yes No

IS THE ABDUCTION SITE VISIBLE FROM THIS LOCATION? Yes No

VEHICLE DESCRIPTIONS AND REGISTRATION INFORMATION PRESENT AT LOCATION

License # and State	Color/Make/Model/Year	Owner of Vehicle

1. CONTACT INFORMATION

Full Name (Request Positive ID): _____		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____	DOB: _____
DL # and State: _____		SSN: _____
Home Phone: _____		Cell Phone: _____
Work Phone: _____		Other Phone(s): _____
Comments: _____		

2. NAMES OF ALL OCCUPANTS WHO RESIDE AT THIS HOME/LOCATION?

Name	Phone #	Race	Sex	Age/DOB	Interviewed
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No

3. HAS ANYONE AT THIS RESIDENCE BEEN ARRESTED? Provide details of charges

Yes No

4. IS ANYONE AT THIS RESIDENCE WANTED BY LAW ENFORCEMENT?

Yes No

5. HAVE YOU KEPT YOUR SEX OFFENDER REGISTRATION CURRENT?

6. WHAT HAVE YOU BEEN ARRESTED FOR?

7. WHAT ARE THE CIRCUMSTANCES INVOLVING YOUR ARREST(S)?

8. ARE YOU CURRENTLY ON PROBATION?

Yes No

9. WHAT ARE YOU ON PROBATION FOR?

10. WHO IS YOUR PROBATION OFFICER? PROVIDE CONTACT INFORMATION

11. WHAT ARE THE CONDITIONS OF YOUR PROBATION?

12. IF NOT CURRENTLY ON PROBATION, PROVIDE LAST PROBATION OFFICER YOU REPORTED TO:

13. HAVE YOU HAD ANY CONTACT WITH PREVIOUS VICTIMS AFTER YOU WERE CONVICTED?

14. ARE YOU CURRENTLY SEEING A THERAPIST? (Provide contact information) WHEN WAS YOUR LAST APPT/MTG?

15. ARE YOU CURRENTLY TAKING ANY MEDICATION? Provide details

16. ARE YOU CURRENTLY TAKING POLYGRAPH EXAMS? Provide details

17. ARE YOU CURRENTLY EMPLOYED and if so WHERE?

18. WHAT IS YOUR POSITION and HOW LONG HAVE YOU BEEN EMPLOYED THERE?

19. DO YOU TRAVEL FOR WORK and/or VACATION?

Yes No

TRAVEL TO and DATES:

20. WHAT DO YOU DO WHEN YOU ARE NOT WORKING? (HOBBIES, etc)

21. DO YOU OWN A COMPUTER? DO YOU OWN A LAPTOP?

22. WHO IS YOUR INTERNET PROVIDER?

23. WHAT ARE YOUR EMAIL ADDRESSES?

24. DO YOU USE SOCIAL MEDIA WEBSITES? (FACEBOOK, MYSPACE, TWITTER) Provide your ID/Screen names

25. DO YOU HAVE A WEBCAM? DO YOU VIDEO CHAT? WHAT PROVIDER DO YOU CHAT THROUGH?

26. DO YOU OWN DIGITAL CAMERAS or VIDEO CAMERAS? Provide details

27. DO YOU HAVE A WEBISTE or BLOG? Provide details

28. DO YOU VISIT CHAT ROOMS ON THE INTERNET: Provide sites and screen names

29. DO YOU POSSESS ANY CHILD PORNOGRAPHY?

30. DO YOU OWN ANY GAMING SYSTEMS? (PLAYSTATION, XBOX, XBOX CONNECT, NINTENDO)
If so, provide your ID or Gamer Tag:

31. DO YOU OWN ANY OTHER PROPERTY? (storage units, investment, rental or vacation properties) provide details

32. DO YOU OWN A BOAT? IF SO, WHAT KIND AND WHERE IS IT STORED?

33. DO YOU OWN ANY OTHER VEHICLES OR HAVE ACCESS TO ANY OTHER VEHICLES? Provide details

License # and State	Color/Make/Model/Year	Owner of Vehicle

34. WHERE WERE YOU ON THE DATE AND TIME OF THE INCIDENT?

35. DO YOU HAVE AN ALIBI WITNESS? Provide names and contact information of witnesses

36. DO YOU KNOW THE VICTIM OR VICTIM'S FAMILY?

Yes No

37. NAMES OF ALL VISITORS AT THIS HOME/LOCATION AT THE TIME OF THE INCIDENT?

Name	Race	Sex	Age/DOB	Interviewed
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No

38. ARE YOU AWARE OF ANYONE WHO MAY HAVE INFO OR EVIDENCE RELATING TO THIS INCIDENT?

Yes No

Details:

39. DO YOU HAVE RELATIVES IN THE AREA? (Provide contact information)

Yes No

40. IS THERE ANYTHING WE HAVE NOT ASKED YOU THAT YOU THINK WOULD BE IMPORTANT TO SHARE?

Yes No

Details:

41. ASK FOR CONSENT TO SEARCH THE RESIDENCE, VEHICLES AND STORAGE AREAS

Consent To Search Obtained: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Person Who Consented:
Areas Searched: <input type="checkbox"/> House <input type="checkbox"/> Garage/Carport <input type="checkbox"/> Cars/Trucks <input type="checkbox"/> Sheds/Outbuildings <input type="checkbox"/> Boats <input type="checkbox"/> Trailers/RVs <input type="checkbox"/> Other:	Details:

OFFENDER'S DESCRIPTION: Height ____/ Weight____/ Facial hair____/ Scars tattoos_____

Investigator's additional notes: _____

