



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE**



**Deadly Weapon Offender Registry Unit
Deadly Weapon Offender Advisement of Registration Requirements**

1. Prior to the deadly weapon offender being released into the community from DOC custody, a court conviction, or a finding of not guilty by reason of mental disease or defect, the releasing agency must advise the deadly weapon offender of the registration requirements pursuant to C.G.S §§§ 54-280, 54-280a, and 54-280b .
2. After the Advisement of Registration Requirements have been read to the deadly weapon offender, this form must be completed and mailed to the DESPP, Deadly Weapon Offender Registry Unit (DWOR), 1111 Country Club Road, Middletown, CT. 06457-2389. Any questions may be directed by calling DWOR at (860) 685-8465.

Advisement of Registration Requirements

As a person who has been convicted, or who has been found not guilty by reason of mental disease or defect, of an offense committed with a deadly weapon, you are required to register in person with the DESPP Commissioner within fourteen (14) calendar days following your release into the community. If you are in the custody of the Commissioner of Correction, you are required to complete this form with the Commissioner of Correction prior to your release. Registration includes your name, identifying factors, criminal history record, residence address, and electronic mail address in accordance with C.G.S §§§ 54-280, 54-280a, and 54-280b. Annually within twenty (20) days of each registration anniversary date, you are required to personally appear at a police department or state police troop having jurisdiction where you reside to verify and update the contents of your registration. The DESPP Commissioner shall maintain such registration for five (5) years.

As a registered deadly weapon offender, you are required, without undue delay, to notify the DESPP Commissioner by completing the Change or Verification of Registration Information Form, DESPP-790-C, of any:

1. Annual verification of registration information;
2. Name change and/or address change;
3. Employment, vocation, or student status in another state;
4. Employment, vocation, or student status at a trade or professional institution or institution of higher learning in Connecticut; or
5. Electronic mail address or other similar Internet communication address established, changed, or used.

****Employed** or **"carries on a vocation"** means employment that is full-time or part-time for more than fourteen (14) days, or for a total period of time of more than thirty (30) days during any calendar year, whether financially compensated, volunteered or for the purpose of government or educational benefit. **"Student"** means a person who is enrolled on a full-time or part-time basis, in any public or private educational institution, including any secondary school, trade or professional institution or institution of higher learning.

Any deadly weapon offender who violates C.G.S §§§ 54-280, and/or 54-280a, and/or 54-280b shall be guilty of a class D felony. Any deadly weapon offender who fails to notify the DESPP Commissioner of a change of name or address not later than **five (5)** business days after such change of name or address shall be guilty of a class D felony.

To the Commissioner of the Department of Emergency Services and Public Protection (DESPP),

Please be advised that:

Last Name:		First Name:		M.I.	D.O.B.	Place of Birth (City/State):		
Aliases/Other Names Used:			Race/Ethnicity (check all that apply):			Sex:	Height:	Weight:
			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other					
Hair:	Eyes:	Complexion (Skin Tone):	Visible Scars, Marks, and Tattoos:					
Date of Release into Community:		Conviction Date:	Docket Number:		SPBI Number:			
DOC Inmate Number:	Crime(s) requiring Registration:			Arresting Agency:		Agency Case Number:		
Check all that were completed: <input type="checkbox"/> Photograph (staple photo to upper left corner of form) <input type="checkbox"/> Fingerprints <input type="checkbox"/> DNA Sample								
Current Status: <input type="checkbox"/> On Probation <input type="checkbox"/> On Parole								
Name of Phlebotomist:					Date Photograph was taken:			

Has been released to reside at or is residing at:

Number, Street, Unit/Apt. Number (No P.O. Box):	City/Town:	Zip Code:
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Deadly Weapon Offender Registration Information Form

Agency Certification: My signature below certifies that I have informed the person identified above and provided a copy of his or her obligation to register with the DESPP Commissioner pursuant to C.G.S §§ 54-280, 54-280a, and 54-280b .

Releasing Agency/Organization Name:	Address:	Telephone Number:		
Certifying Official				
<i>Signature</i>	<i>Print Name</i>	<i>Title</i>	<i>Badge Number</i>	<i>Date</i>
I acknowledge advisement of registration requirements and receipt of this form by signing below:				
<i>Signature of deadly weapon offender</i>			<i>Date</i>	

Distribution: 1) Original to DESPP DWOR-Middletown 2) Copy to registrant 3) Copy for agency files

Department of Emergency Services and Public Protection
Deadly Weapon Offender Registry Unit,
1111 Country Club Road
Middletown, Connecticut 06457-2389.

Please direct any questions regarding your status in person or by telephone at (860) 685-8465.
Hours of operation are Monday through Friday between 9:00 am - 3:00 pm except on a day observed as a federal or state holiday.