



Nebraska State Patrol

Nebraska Sex Offender Form Request for Reduction Registration Period



Neb. Rev. Stat. §29-4005 subsection (2) states, "A sex offender who is required to register for fifteen years may request a reduction in the registration period to ten years upon completion of ten years of the registration period after the date of discharge from probation, parole, supervised release, or incarceration, whichever date is most recent. The sex offender shall make the request to the Nebraska State Patrol. The sex offender shall provide proof that, during such registration period, he or she:

- (a) Was not convicted of any offense for which imprisonment for more than one year could have been imposed;
- (b) Was not convicted of any sex offense;
- (c) Successfully completed any period of probation, parole, supervised release, or incarceration; and
- (d) Successfully completed an appropriate sex offender treatment program."

Please type or print clearly. Incomplete applications cannot be processed.	
1. Full Legal Name - Last Name, First Name, Middle Initial:	2. Date of Birth:
3. Social Security Number:	4. List any aliases used

Have you been convicted of any offense during your period of registration for which imprisonment for more than one year could have been imposed? Yes No

Have you been convicted of any new sex offense during your registration period? Yes No

Have you successfully completed any period of probation, parole, supervised release or incarceration for your sex offense conviction? Yes No

Have you successfully completed an appropriate sex offender treatment program? Yes No

If yes, documentation specifying the name and contact information of the treatment provider as well as dates of treatment are required to be included with this form.

Any person required to register under the Sex Offender Registration Act who violates the act may be charged with a felony offense. Violations of the Act include providing false information on any registration form. In the event an applicant is found to have knowingly falsified this form, or omitted pertinent information, that person may be subject to criminal prosecution.

Signature: _____ Date: _____

You are required to provide documentation to support your request. Documents should include completion of sentence or supervision and a letter or certification of completion of treatment. Please mail this form to Nebraska State Patrol, Attn: Legal Division, PO Box 94907, Lincoln, Nebraska, 68509-4907. An administrative determination will be made and the requesting individual advised of this decision in writing within thirty (30) days of the request.

HIPAA Privacy Authorization Form

****Authorization for Use or Disclosure of Protected Health Information**

(Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)**

****1. Authorization****

I authorize _____ (mental health provider) to use and disclose the protected health information described below to _____ (individual seeking the information).

****2. Extent of Authorization****

I authorize the release of my complete medical health record relating to specific sex offender treatment.

****3.** This authorization shall be in force and effect until _____ (date or event), at which time this authorization expires.

****4.** I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization.

****5.** I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of patient or personal representative

Date:

Printed name of patient or personal representative and his or her relationship to patient Date:

004.02 An administrative determination will be made and the requesting individual advised of this decision in writing within thirty (30) days of the request. An individual not satisfied with the administrative determination of applicability of the program to their situation can file an appeal to the Superintendent of Public Safety and request a formal determination under the Administrative Procedures Act. Appeals from Administrative Procedures Act determinations can be filed in the District Court

004.03 Requesting a determination of the applicability of the Act does not extend the time limits for registering and does not relieve the individual of the duty to register. If an individual has registered and a determination is made that registration is not required, the information will be removed from the registry and the individual so notified.

005

REQUEST FOR REDUCTION OF THE FIFTEEN YEAR REGISTRATION PERIOD.

005.01 Only persons required to register for fifteen (15) years may request a reduction in the registration period from fifteen (15) years to ten (10) years. This request can only be made after completion of ten (10) years of the registration period following discharge from probation, parole, supervised release, or incarceration, whichever date is most recent. A written request shall be on a form prescribed by the Nebraska State Patrol and must be addressed to the Nebraska State Patrol, Sex Offender Registration Program, P.O. Box 94907, Lincoln, Nebraska 68509. The request must include name, date of birth, address and phone number of the requestor and proof that during the ten (10) years of registration, he or she:

005.01A Was not convicted of any offense for which imprisonment for more than one year could have been imposed;

005.01B Was not convicted of any sex offense;

005.01C Successfully completed any period of probation, parole, supervised release or incarceration;

005.01D Successfully completed an appropriate sex offender treatment program.

005.02 An appropriate sex offender treatment program is a program which provides sex

offender specific treatment and must include pre-treatment assessment of static and dynamic risk factors, empirically validated or informed treatment interventions that target an individual's dynamic risk factors and a plan for on-going services and support beyond the active phase of treatment. Programs that may be approved as "appropriate" include but are not limited to, the Nebraska Department of Corrections sex offender treatment programs and the Nebraska Health and Human Services sex offender treatment programs as well as other programs that meet the criteria stated above.

005.03 An administrative determination will be made and the requesting individual advised of this decision in writing within thirty (30) days of the request. An individual not satisfied with the administrative determination denying reduction of the registration time period may file a hearing request to the Superintendent of Public Safety and request a formal determination of the issue under the Administrative Procedures Act. Appeals from the Administrative Procedures Act hearings may be filed in the District Court.

006

REQUEST FOR HEARING ON APPLICABILITY OR REQUEST FOR HEARING ON REDUCTION OF THE FIFTEEN YEAR REGISTRATION REQUIREMENT.

006.01 If a hearing is requested, it shall be held pursuant to the Nebraska Administrative Procedures Act and the Nebraska State Patrol Rules and Regulations pertaining to administrative hearings (Title 272 - Chapter 1). The offender must specify through pleadings or at a prehearing conference what aspect of the registration requirements are being challenged.

006.01A Due to the sensitive nature of the evidence which may be presented, the hearings shall be closed.

006.01B Evidence presented by either party in the form of written exhibits shall have the name(s) of the victim(s) redacted/blacked out to ensure confidentiality of the victim(s). Exhibits shall display the first and last initials of the victim(s) in any location where the name has been redacted. During testimony, the victim(s) shall be referred to by first and last initials only.