



State of Wyoming
Office of the Attorney General
Division of Criminal Investigation
Steven R. Woodson, Director

Matthew H. Mead
 Governor
 Peter Michael
 Attorney General

Wyoming Sex Offender Indigent Form

Name: _____

Registrant is a Juvenile If yes, Name: _____

Date of Birth: _____ Phone Number: _____

Social Security number: _____

Home Address: _____

Zip: _____ County: _____ State _____

Mailing Address: _____

Zip: _____ County: _____ State _____

Marital Status

Single Married Separated Divorced

Employment

I am employed I am not employed

Name of Employer, phone number and your position: _____

Name of Employer, phone number and your position: _____

Name of Employer, phone number and your position: _____

How many hours do you work per week: _____

What is your total take home pay: \$ _____

**** Please provide copies of current pay stubs**

Are you currently enrolled at an educational institution or trade school: Yes No

Name of school: (s) _____

****Please provide proof of enrollment**

I receive the following income:

- Social Security Pension: \$ _____
- Unemployment Benefits: \$ _____
- VA Benefits: \$ _____
- Dept. of Family Services: \$ _____
- Workman's Comp/Disability: \$ _____
- Other Income (specify) _____

Amount: \$ _____

- Cash accessible: \$ _____

****Please provide statements for each checked box**

Housing

- I own my own home. Estimated value: \$ _____
- Amount of mortgage: \$ _____
- Rent paid monthly: \$ _____
- I own the following real estate: _____

Worth: \$ _____

****Please provide statements for each box checked**

Bank Accounts & Saving

- Checking- Name and address of Bank: _____

Balance: \$ _____

- Saving- Name and address of Bank: _____

Balance: \$ _____

- Other- Name and address of Bank: _____

Balance: \$ _____

****Please provide statements of all accounts.**

I own and or have the following vehicles (include boats, motorcycles, ATV, snowmobiles, trailers, RV's, etc.) registered to me.

1) _____

Balance: \$ _____ Value: \$ _____

2) _____

Balance: \$ _____ Value: \$ _____

3) _____

Balance: \$ _____ Value: \$ _____

4) _____

Balance: \$ _____ Value: \$ _____

5) _____

Balance: \$ _____ Value: \$ _____

Additional Monthly Expenses (totals):

Credit Cards: \$ _____

Child Support/Alimony: \$ _____

Utilities/Phone/TV: \$ _____

Medical Bills: \$ _____

Child Care: \$ _____

Collections Agencies: \$ _____

Other Loans: \$ _____

Insurance: \$ _____

Other Debts (specify): _____

Amount: \$ _____

***** Please provide copies of credit card bills, Child support statements, utilities/phone and TV bills. Provide child care, medical, collection insurance and other loans and debt statements.***

****Please include your last tax return and W2 along with any other paper work you deem appropriate to determine indigency. Please use extra paper as needed to explain answers. Failure to provide requested documents supporting claim for indigency may result in denial of indigency claim.**

****If you have more than two employers, more vehicles or need extra space please attached additional paper.**

****If you are a juvenile, indigency will be based off your legal guardian's income. (Your guardian will fill out the indigency form. Please make sure juvenile's name is on the form)**

Wyoming state statue 7-19-310, (C) If an offender is unable to submit a complete application at the time of registration or reporting updated information, the offender may submit an application to the division or the sheriff of the county in which the offender is required to register or report updated information within thirty (30) days of registration or reporting. Failure to submit an application and all required information within thirty (30) days of registration or reporting updated information shall be deemed to be a waiver of the offender's ability to request a determination of indigency and the fees required under subsection (r) of this section shall be payable; (D) The division shall approve or deny an application for a determination of indigency and provide notice of the determination to the offender within thirty (30) days of receipt of the application.

W.S. 7-19-307 (e) A person who willfully fails to pay fees required under W.S. 7-19-302 is guilty of a misdemeanor punishable by a fine of not more than seven hundred fifty dollars (\$750.00), imprisonment in the county jail for not more than six (6) months, or both.

I Authorize the Division of Criminal Investigation (DCI) to conduct an investigation, to obtain any information relating to my activates from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or sources of information. This information may be include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the agency conducting my investigation to obtain the necessary information in making a determination of indecency.

****By signing below, I swear or affirm that the information I have provided is accurate and complete and that I understand my registration requirements and/or have been afforded the opportunity to ask any questions that I may have regarding registration. W.S. 7-19-310**

Signature

Date

State of: Wyoming

County of: _____

On: _____, 20_____, _____ Personally Appeared before me,

_____ who is personally known to me

_____ whose identity I proved on the basis of _____

_____ Whose identity I proved on the oath/affirmation of _____, a credible witness to be the signer of the above instrument, and he/she acknowledged that he/she signed it.

Notary Public

My commission expires _____

(Seal)

The Division of Criminal Investigation Finds:

- Offender is approved for indigency
- Offender is denied indigency: *Reason:* _____

Sex Offender Registry Official

Date