



**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: \$ \_\_\_\_\_
- Landlord's name and number: \_\_\_\_\_
- 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: \$ \_\_\_\_\_ and which state and county are the orders out of:

\_\_\_\_\_

Which state and county is it through: \_\_\_\_\_

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 activities 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 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 indigency.***

**\*\*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**

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Signature

Date

## AUTHORIZATION FOR RELEASE OF INFORMATION

**Carefully read this authorization to release information about you, then sign and date it in ink.**

**I Authorize** any investigator, special agent, or other duly accredited representative of the authorized agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may 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 disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a national security position.

**I Authorize** the Social Security Administration (SSA) to verify my Social Security Number (to match my name, Social Security Number, and date of birth with information in SSA records and provide the results of the match) to the agency requesting or conducting my investigation for the purposes outlined above. I authorize SSA to provide explanatory information to the agency requesting or conducting my investigation, in the event of a discrepancy.

**I Understand** that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, separate specific releases may be needed, and I may be contacted for such releases at a later date.

**I Authorize** any investigator, special agent, or other duly accredited representative to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for assignment to, or retention in, a security position. I understand that I may request a copy of such records as may be available to me under the law.

**I Authorize** custodians of records and other sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any agency authorized above regardless of any previous agreement to the contrary.

**I Understand** that the information released by records custodians and sources of information is for official use by the Government only for the intended purposes and that it may be disclosed by the Government only as authorized by law.

Photocopies of this authorization that show my signature are valid. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Government, whichever is sooner.

Signature (sign in ink)		Full name			Date signed (mm/dd/yyyy)
Other names used				Date of birth	Social Security Number
Current street address	Apt #	City (County)	State	Zip Code	Home telephone number

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

