

Original Case Name State of \_\_\_\_\_ v. \_\_\_\_\_ Case Number: \_\_\_\_\_

---

---

**CHECK LIST**  
**FOR PETITION TO DISCONTINUE SEX OFFENDER REGISTRATION**  
(Complete this checklist if you were younger than 18 at the time of the disposition or adjudication.)

Please provide the following names and addresses:

**Treatment Provider(s)**

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Address of Treatment Provider

\_\_\_\_\_  
Address of Treatment Provider

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Name of Treatment Provider

\_\_\_\_\_  
Address of Treatment Provider

\_\_\_\_\_  
Address of Treatment Provider

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

**If supervised by probation, parole, or the Division of Youth Corrections, please complete the following:**

\_\_\_\_\_  
Probation Officer

\_\_\_\_\_  
Division of Youth Corrections

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Parole Officer

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**IF YOU NEED ADDITIONAL SPACE CONTINUE ON THE BACK OF THE FORM.**