



Lewis County Sheriff's Office

Sex Offender Registration

345 W. Main St., Chehalis, WA 98532
Telephone 360-748-9286 Fax 360-740-1476

REQUEST FOR LEVEL REDUCTION FOR SEX/KIDNAPPING OFFENDER

Name of Offender: _____ Level: _____

Address: _____

Phone: _____

Charge Convicted of: _____

Date of Conviction: _____ Date of Release of Confinement: _____

I am requesting a level Reduction:

Check yes or no (If criminal charges are pending or there have been criminal convictions in the last 10 years please explain below.)

Yes No

____ Have you had any additional Criminal convictions in the last 3 years?

____ Are you in compliance with your registration requirements as outlined in your Judgment and Sentence/D.O.C.?

____ Do you have any pending criminal charges/criminal convictions since the sex offense?

Signature

Date of Request

LEWIS COUNTY

REGISTERED SEX OFFENDER GUIDELINES FOR LEVEL LOWERING REQUEST

If you believe you meet the criteria, fill out the attached application and submit it, along with required documentation, to the Sheriff's Sex Offender Registration Office.

- You must wait 3 years from the time of your release from confinement from the original offense to qualify for a possible risk level reduction.
- ** Successfully complete a specialized Sex Offender Specific Treatment program with a Certified Treatment provider may be taken into consideration for lowering your level prior to 3 years after release from confinement. You must provide a copy of your **summary, signed and dated by your treatment provider.**
- If you were court ordered to complete a treatment program and failed to do so, you will **not** be considered for evaluation until you have successfully completed a specialized Sex Offender Specific Treatment program.

Below are some criteria that the Committee will be considering for lowering your risk level:

- Criminal record
- Completion of a Treatment Plan
- Education credits earned after re-entering our community. Apprenticeships and any other job training are also considered as well.
- Fulfilling court ordered financial responsibilities.
- Minimum of 3 personal character references (letters from friends, educators, and employers). We may consult other references.

** If your risk level is reduced and you are charged with any **new crimes**, including failure to register, your risk level may be raised at the discretion of the sheriff's office.**

There is no requirement mandating the Sheriff in the jurisdiction in which the offender lives, review or change a level upon request.

Lewis County

REGISTERED SEX OFFENDER RISK LEVEL LOWERING APPLICATION

NAME: LAST _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

YOUR CURRENT OFFENDER RISK LEVEL: LEVEL II _____ LEVEL III _____

DOC # _____ NAME OF PREVIOUS DOC/CCO _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG AT CURRENT ADDRESS? _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG AT PREVIOUS ADDRESS _____

MARITAL STATUS _____ NAME OF SPOUSE _____

CHILDREN: NAME(S) _____ AGE(S) _____

_____	_____
_____	_____
_____	_____

HAS IT BEEN 3 YEARS SINCE YOU WERE RELEASED FROM CONFINEMENT?

YES _____ NO _____ (there is no year requirement, this is a county decision)

AS PART OF YOUR SENTENCE, WERE YOU REQUIRED TO PARTICIPATE IN A SEX OFFENDER TREATMENT PROGRAM?

YES _____ NO _____

HAVE YOU SUCCESSFULLY COMPLETED A SPECIALIZED "SEX OFFENDER SPECIFIC" TREATMENT PROGRAM?

YES _____ NO _____

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
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Phone Number

YES _____ NO _____

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>
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Phone Number

YES _____ NO _____

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[illegible]

HOW LONG EMPLOYED BY PREVIOUS EMPLOYER _____

LIST ANY JOB TRAINING AND/OR EDUCATION RECEIVED SINCE CONVICTION:

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Name

Phone Number

PLEASE FILL IN BELOW THE REASON(S) YOU FEEL YOUR RISK LEVEL SHOULD BE LOWERED.

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