REQUEST FOR REVIEW OR RECONSIDERATION OF SEX OFFENDER RISK LEVEL

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 53187 (01-2025)

Name (last, first, middle)		Date of Birth	
Address	City	State	ZIP Code

If you have received a notice of risk level, you may request a ***review*** indicated on the attached notice. This will not change the requirement to register, but may affect the length of your registration and the scope of any community notification that will be done by your local law enforcement agency. You may request a ***reconsideration*** of your assigned level, no sooner than two (2) years after the original risk level assignment, and thereafter no more frequently than every two (2) years.

REQUEST FOR REVIEW OR RECONSIDERATION

☐ Submission of Written Information

With this selection, you are required to **submit a letter/information with this form** relating to current employment, stable residential arrangements, compliance with offender treatment, or anything else you believe may diminish your risk to the public.

☐ Appearance by Phone Conference

Contact Telephone Number

Prior to your case being reviewed, you will be contacted by BCI at the number you provide above to schedule your hearing. Ensure there is an adequate way to leave a message as only *one* attempt will be made to contact you.

An attorney or legal guardian may accompany you. If you choose to have legal representation, you are responsible for retaining them prior to the scheduled meeting.

Signature		Date
Parent/Guardian or Custodian Signature (if needed)	Relationship	Date

The Sex Offender Risk Assessment Committee (SORAC) gathers information related to any treatment programs completed (example: DOCR, community-based certified program, etc.). If you have received or completed treatment since last reviewed by SORAC, or if you are uncertain if the information was provided, please complete SFN 62172 Authorization to Disclose Information and include with your request for review.

Mail Completed Forms To:
Bureau of Criminal Investigation
Offender Registration
P.O. Box 1054
Bismarck ND 58502-1054
701-328-5567

FOR ADMINISTRATIVE USE ONLY

State Identification (SID)	Date of Review or Reconsideration	Time of Review or Reconsideration