



REQUEST FOR REVIEW OR RECONSIDERATION OF SEX OFFENDER RISK LEVEL

OFFICE OF ATTORNEY GENERAL
BUREAU OF CRIMINAL INVESTIGATION
SFN 53187 (06-2022)

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.

Name (last, first, middle)		Telephone Number	
Address	City	State	ZIP Code

REQUEST FOR REVIEW OR RECONSIDERATION

Submission of Written Information

With this selection, you are required to submit a letter/information 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 appear with you. If you choose to have legal representation, you are responsible for retaining them prior to the scheduled meeting.

Signature	Date
-----------	------

After completing the above information, return the form to the address listed at the bottom of the form.

FOR ADMINISTRATIVE USE ONLY

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

Mail To: Bureau of Criminal Investigation
Offender Registration
P.O. Box 1054
Bismarck ND 58502-1054
701-328-5500