

**Registered Sex Offender (RSO) Questionnaire**  
**(to be filled out by the interviewer)**

RSO's full name: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Work telephone number: \_\_\_\_\_

Cellular telephone number(s): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Hair color/Length: \_\_\_\_\_

Facial hair: \_\_\_\_\_ Scars/Marks/Tattoos: \_\_\_\_\_

Any observable injuries seen by the interviewer? \_\_\_\_\_

Home address: \_\_\_\_\_

Who else lives at this address (obtain contact numbers)? \_\_\_\_\_

\_\_\_\_\_

Current (or most recent) employer: \_\_\_\_\_

Position: \_\_\_\_\_ Hours: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Supervisor (obtain contact number): \_\_\_\_\_

Vehicle description (make, model, and color) and license plate number for all vehicles driven (as well as those parked at the residence): \_\_\_\_\_

\_\_\_\_\_

If under supervision, who is your P.O. (obtain contact number)? \_\_\_\_\_

What was the date of the last meeting with the P.O.? \_\_\_\_\_

Do you know (missing child's name)? \_\_\_\_\_ If so, how do you know (missing child)? \_\_\_\_\_

\_\_\_\_\_

Have you ever seen this child before (show flyer)? \_\_\_\_\_

Where were you on (date of the incident) from \_\_\_\_\_ to \_\_\_\_\_?

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Who can vouch for your whereabouts during this time (obtain names and contact numbers)?

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Do you have any receipts (e.g., store purchase, restaurant, gas, etc.) to verify your whereabouts?

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Interviewer notes/comments \_\_\_\_\_

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Interviewer(s): \_\_\_\_\_

\_\_\_\_\_

Agency: \_\_\_\_\_

Date completed: \_\_\_\_\_