



**Tier II** (25 Year Registration)

_____ Trafficking in Individuals	18 Pa. C.S. §3011(b)
_____ Statutory Sexual Assault	18 Pa. C.S. §3122.1(a)(2)
_____ Institutional Sexual Assault	18 Pa. C.S. §3124.2(a.2), (a.3)
_____ Indecent Assault	18 Pa. C.S. §3126(a)(2), (3), (4), (5), (6), (8)
_____ Prostitution and Related Offenses	18 Pa. C.S. §5902(b.1)
_____ Obscene Materials	18 Pa. C.S. §5903(a)(3)(ii), (4)(iii),(5)(ii),(6)
_____ Sexual Abuse of Children	18 Pa. C.S. §6312(b), (c)
_____ Unlawful Contact with Minor	18 Pa. C.S. §6318
_____ Sexual Exploitation of Children	18 Pa. C.S. §6320
_____ An attempt, solicitation, or conspiracy to commit any Tier II offense.	

**Tier III** (Lifetime Registration)

_____ Kidnapping	18 Pa. C.S. §2901(a.1)
_____ Rape	18 Pa. C.S. §3121
_____ Statutory Sexual Assault	18 Pa. C.S. §3122.1(b)
_____ Involuntary Deviate Sexual Intercourse	18 Pa. C.S. §3123
_____ Sexual Assault	18 Pa. C.S. §3124.1
_____ Institutional Sexual Assault	18 Pa. C.S. §3124.2(a.1)
_____ Aggravated Indecent Assault	18 Pa. C.S. §3125

\_\_\_\_\_  
Defendant's Initials

- \_\_\_\_\_ Indecent Assault 18 Pa. C.S. §3126(a) (7)
- \_\_\_\_\_ Incest 18 Pa. C.S. §4302(b)
- \_\_\_\_\_ Two or more convictions of offenses listed as Tier I or Tier II sexual offenses
- \_\_\_\_\_ An attempt, solicitation, or conspiracy to commit any Tier III offense.

**B. PLEA COLLOQUY**

I understand that I am entering a plea that will trigger the requirements of Act 29 under 42 Pa.C.S.A. §9799.51 et seq. \_\_\_\_\_ **initial**

I understand that I must undergo an Assessment from the Sexual Offender's Assessment Board. \_\_\_\_\_ **initial**

I understand that this Assessment will be used to make a recommendation to the Court as to whether or not I meet the criteria of a Sexually Violent Predator. \_\_\_\_\_ **initial**

I understand that if the Commonwealth files a Notice seeking to classify me as a Sexually Violent Predator, that I have the right to contest said classification in a hearing. \_\_\_\_\_ **initial**

I understand that I have the right to hire my own expert to contest the classification of Sexually Violent Predator, and that if I cannot afford my own expert that I may ask the Court for funds to hire an expert. \_\_\_\_\_ **initial**

I understand that in order to be classified as a Sexually Violent Predator the Commonwealth has the burden to prove, by clear and convincing evidence, that I meet the statutory criteria for Sexually Violent Predator. \_\_\_\_\_ **initial**

I understand that I will be classified by the Court as either a TIER I, II, III Offender, or as a Sexually Violent Predator. \_\_\_\_\_ **initial**

I understand that my obligations and duties under Act 29 will depend on my classification. \_\_\_\_\_ **initial**

I understand that I shall register all my required information under Act 29 for 15 years, 25 years, or for the rest of my life, depending upon my classification. \_\_\_\_\_ **initial**

I understand that my obligation to register may continue even after my sentence has expired. \_\_\_\_\_ **initial**

I understand that I shall be required to provide all the following information to my Registering Official, and that all of the following information will be disseminated to law enforcement agencies and posted on the internet.

- my name, any aliases I have, year of birth, my full address, including the street address of where I reside, work, and/or attend school, furthermore, if you have no current address information on where I am temporarily residing, where I eat, the places I frequent, and where I engage in leisure activities, description of me and a current photograph of me, a description of my offense, the date of my conviction, whether my victim was a minor, a description of any cars I own or operate and my license plate information, my classification level (TIER I, TIER II, TIER III, or Sexually Violent Predator), and whether I am in compliance with my registration requirements. \_\_\_\_\_ **initial**

I understand that a DNA sample will be taken from me and uploaded into the combined DNA index system (CODIS) and that law enforcement agencies shall have access to said database. \_\_\_\_\_ **initial**

I understand that if I am classified as a Sexually Violent Predator the following information will be directly disseminated to all of the following:

- my neighbors, \_\_\_\_\_ **initial**
- the Director of the county's Children and Youth Services in my County, \_\_\_\_\_ **initial**
- the Superintendent of each school and the equivalent official for each private school and parochial school in my municipality and within a one mile radius of my residence, \_\_\_\_\_ **initial**
- the owner of each certified day-care center, licensed preschool program, and registered family day-care center, \_\_\_\_\_ **initial**
- and the President of each College and/or University located within 1,000 feet of my residence. \_\_\_\_\_ **initial**

I understand that if I am found to be a Sexually Violent Predator that I will be required to attend monthly counseling sessions at a program approved by the Sexual Offender's Assessment Board for the rest of my life. \_\_\_\_\_ **initial**

I understand that I must notify the Pennsylvania State Police if I change my residence within three business days of moving. \_\_\_\_\_ **initial**

I understand that I must notify the Pennsylvania State Police of any change in my employment or termination of employment within three business days of said change. \_\_\_\_\_ **initial**

I understand that I must register with the appropriate law enforcement agency of another state within three business days of moving outside the Commonwealth of Pennsylvania. \_\_\_\_\_ **initial**

I understand that if I fail to provide any of the required information to my Registering Official that I will be committing a Felony Offense and may be subject to prosecution. \_\_\_\_\_ **initial**

I understand that if I provide any false information to my Registering Official that I will be committing a Felony Offense and may be subject to prosecution. \_\_\_\_\_ **initial**

C. REGISTRATION REQUIREMENTS:

You have been convicted of a Sexually Violent Offense, as defined in 42 Pa.C.S.A. §9791 et esq. You shall register all required information under this Act, with the Pennsylvania State Police for 15 years, 25 years, or for the rest of your natural life, depending upon your classification. \_\_\_\_\_ **initial**

You have been classified as a:

- \_\_\_\_\_ TIER I
- \_\_\_\_\_ TIER II
- \_\_\_\_\_ TIER III
- \_\_\_\_\_ **initial**

If you are a TIER I offender, you shall register all required information for the next 15 years and you shall appear at an Approved Registration Site annually to verify and update all of your required information. \_\_\_\_\_ **initial**

If you are a TIER II offender, you shall register all required information for the next 25 years and you shall appear at an Approved Registration Site semi-annually to verify and update all of your required information. \_\_\_\_\_ **initial**

If you are a TIER III offender, if you are found to be a Sexually Violent Predator you shall register all required Information for the rest of your natural life and you shall appear at an Approved Registration Site quarterly to verify and update all of your required information. \_\_\_\_\_ **initial**

You shall provide all of the following information to your Registering Official:

- Your name, alias, nickname, street name, any designation used by you for the internet or electronic communication of any kind, and any other designation used for identification; \_\_\_\_\_ **initial**
- Any and all phone numbers where you may be reached, including but not limited to your home number, your work number, and your mobile number; \_\_\_\_\_ **initial**
- Your social security number and your birth date; \_\_\_\_\_ **initial**
- Addresses of any and all residences you have or intend to reside at in the future, including the location where you receive your mail, and you must also provide the dates and locations of any and all temporary residences; \_\_\_\_\_ **initial**
- Addresses of any and all work locations and if work is not in a fixed location, any and all travel routes and the general area where you work; \_\_\_\_\_ **initial**
- Addresses of any and all locations where you attend school. \_\_\_\_\_ **initial**
- Information relating to motor vehicles you own or operate. \_\_\_\_\_ **initial**

If you have no current address, you shall provide all of the following information to your Registering Official:

- The location where you are staying, including but not limited to, a homeless shelter or park; \_\_\_\_\_ **initial**
- The location where you receive your mail; \_\_\_\_\_ **initial**
- A list of places you eat, frequent, and engage in any leisure activities. \_\_\_\_\_ **initial**

If you have no current address, you shall also report to an Approved Registration Site every 30 days to verify and update all required information until you have established a residence. \_\_\_\_\_ **initial**

You shall provide your passport and/or any and all immigration documents to your Registering Official to be copied and attached to our file. The originals shall be returned to you. \_\_\_\_\_ **initial**

You shall provide your driver's license and/or identification card to your Registering Official to be copied and attached to your file. The originals shall be returned to you. \_\_\_\_\_ **initial**

If you have a professional license, you shall provide it to your Registering Official to be copied and attached to your file. The original shall be returned to you. \_\_\_\_\_ **initial**

You shall notify the Pennsylvania State Police if you change your residence within three business days of moving. Change of address forms may be obtained at, and submitted to, any Approved Registration Site at a Pennsylvania State Police Station. \_\_\_\_\_ **initial**

You shall notify the Pennsylvania State Police of any change in your employment or termination of employment within three business days of said change. \_\_\_\_\_ **initial**

You shall register with the appropriate law enforcement agency of another state within three business days of moving outside the Commonwealth of Pennsylvania. \_\_\_\_\_ **initial**

You shall register with the appropriate law enforcement agency of another state if you are employed, carry on a vacation, or are a student outside the Commonwealth of Pennsylvania. \_\_\_\_\_ **initial**

All of the following will be disseminated to law enforcement agencies and posted on the internet:

- my name, any aliases I have, year of birth, my full address, including the street address of where I reside, work, and/or attend school, furthermore, if you have no current address information on where I am temporarily residing, where I eat, the places I frequent, and where I engage in leisure activities, description of me and a current photograph of me, a description of my offense, the date of my conviction, whether my victim was a minor, a description of any cars I own or operate and my license plate information, my classification level (TIER I, TIER II, TIER III, or Sexually Violent Predator), and whether I am in compliance with my registration requirements. \_\_\_\_\_ **initial**

If you are classified as a Sexually Violent Predator or a Sexually Violent Delinquent Child, all of this information will also be directly disseminated to all of the following:

- my neighbors, \_\_\_\_\_ **initial**
- the Director of the county's Children and Youth Services in my County, \_\_\_\_\_ **initial**
- the Superintendent of each school and the equivalent official for each private school and parochial school in my municipality and within a one mile radius of my residence, \_\_\_\_\_ **initial**
- the owner of each certified day-care center, licensed preschool program, and registered family day-care center, \_\_\_\_\_ **initial**
- and the President of each College and/or University located within 1,000 feet of my residence. \_\_\_\_\_ **initial**

Furthermore, if you are found to be a Sexually Violent Predator or a Sexually Violent Delinquent Child, you shall attend monthly counseling sessions for the rest of your natural life, in a program approved by the Sexual Offender Assessment Board.

\_\_\_\_\_ **initial**

**I AFFIRM THAT I HAVE READ THE ABOVE STATEMENT COMPLETELY AND I UNDERSTAND ITS FULL MEANING AND I STILL WANT TO ENTER A PLEA OF GUILTY TO THE CRIMES SPECIFIED. I ACKNOWLEDGE THE ABOVE REQUIREMENTS AS SET FORTH BY APPLICABLE PROVISIONS OF 42 Pa.C.S.A. §9799.51 et seq. I UNDERSTAND I WILL BE COMMITTING A CRIMINAL OFFENSE SHOULD I FAIL TO FULFILL ANY REQUIREMENT. I FURTHER AFFIRM THAT MY SIGNATURE AND INITIALS IN EACH PAGE OF THIS STATEMENT ARE TRUE AND CORRECT.**

\_\_\_\_\_  
OFFENDER SIGNATURE

\_\_\_\_\_  
DATE

**I, \_\_\_\_\_, ESQUIRE, ATTORNEY FOR \_\_\_\_\_ STATE THAT I HAVE ADVISED MY CLIENT OF THE MEANING OF THIS STATEMENT; THAT IT IS MY BELIEF THAT HE/SHE COMPREHENDS AND UNDERSTANDS WHAT IS SET FORTH ABOVE; AND THAT THE DEFENDANT UNDERSTANDS WHAT HE/SHE IS DOING BY PLEADING GUILTY. I FURTHER CERTIFY THAT I HAVE EXPLAINED TO THE OFFENDER THE REQUIREMENTS AS SET FORTH ABOVE.**

\_\_\_\_\_  
ATTORNEY FOR OFFENDER

\_\_\_\_\_  
DATE

**I, \_\_\_\_\_, RESIDING AT \_\_\_\_\_, AFFIRM THAT I HAVE FULLY AND CORRECTLY TRANSLATED THE ENTIRE FOREGOING STATEMENT TO THE DEFENDANT IN THE \_\_\_\_\_ LANGUAGE AND THAT THE DEFENDANT STATED THAT HE/SHE UNDERSTOOD EACH OF THE QUESTIONS BEFORE ANSWERING THEM.**

\_\_\_\_\_  
NAME OF TRANSLATOR

\_\_\_\_\_  
DATE