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**INITIAL ELIGIBILITY CHECKLIST FOR DEREGISTRATION EVALUATION**

(Please Print)

Date: \_\_\_\_\_  
Attorney of Record: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Telephone No. \_\_\_\_\_ Fax: \_\_\_\_\_  
Registered Sex Offender's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Email: \_\_\_\_\_

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Reportable Conviction or Adjudication: \_\_\_\_\_  
Texas Penal Code: \_\_\_\_\_  
Age of the Victim at the time of the Offense: \_\_\_\_\_  
County of Sentencing Court: \_\_\_\_\_

Sex Offender Treatment: Yes / No \_\_\_\_\_  
Community Supervision: Yes / No \_\_\_\_\_