

Kronzek & Cronkright, PLLC

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Name: _____

Date of Birth: __/__/__

Sex: (Circle One) Male Female

Ethnicity: (Circle One) White Black Hispanic Native American Other

Current Address: _____

Current Phone Number: ___ - ___ - ____

Email Address: _____

Sex Offense(s) you want removed: _____

Write the name of the offense(s) and statute number(s) if known. _____

Date of Sex Offense: __/__/__

Were you adjudicated as a juvenile? (Circle One) Yes or No

Have you been successfully verifying your address and other information with the state of Michigan? (Circle One) Yes or No

Did you go to jail or prison for your sex offense? (Circle One) Yes or No

If yes what date were you released? __/__/__

Were you put on supervised release, probation, or parole? (Circle One) Yes or No

If yes, did you successfully complete these terms? (Circle One) Yes or No

Were you required to attend a sex offender treatment program (Circle One) Yes or No

If yes, did you successfully complete that program(Circle One) Yes or No

Victim's Name: _____

Victim's date of birth: _____

Victim's age at the time of the sex offense: _____

Your relationship with the victim: _____

Was the sexual act consensual: _____

If yes, please check which of the following that may show the sex act was consensual: _____

Your sex crime is categorized as: (Circle One) Tier 1 Tier 2 Tier 3

Have you been convicted of any sex crime since the sex crime for which you are seeking removal? (Circle One) Yes or No

If yes, what sex crime? _____

If yes, what was the date of the sex crime? __/__/__

Have you been convicted of any felony other than your sex crime? (Circle One) Yes or No

If yes, what was the felony? _____

If yes, what is the date of your felony conviction? __/__/__

Have you been convicted of any misdemeanor other than your sex crime? (Circle

