

Meth Offender Registration Form

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IN THE DISTRICT OF _____ COUNTY

STATE OF OKLAHOMA

STATE OF OKLAHOMA)
Plaintiff,)
v.) Case No. _____)
_____,)
Defendant.)

METHAMPHETAMINE OFFENDERS REGISTRATION

Defendant Information

| | | |
|---|-------------------------|---|
| Last Name: | First Name: | Middle Name: |
| Physical Address: | | |
| City: | State: | Zip: |
| Address: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other | Phone (Home): | Phone (Cell): |
| Email: | Complete Date of Birth: | |
| DL # : | DL State: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |

Conviction / Plea

| Offense (s) | Adjudication Date | Length of Sentence | Judge |
|-------------|-------------------|--------------------|-------|
| | | | |
| | | | |
| | | | |

Notice to Defendant

- This conviction of, or plea to, a methamphetamine-related offense makes you subject to the Oklahoma Methamphetamine Offender Registry Act (*See 63 O.S. §2-701*).
- While subject to the Oklahoma Methamphetamine Offender Registry Act, you are prohibited from purchasing, possessing, or having control of any substance containing any amount of pseudoephedrine. A prescription for pseudoephedrine shall not provide an exemption for any person to this law. This is in addition to any other terms, rules or conditions of your sentence, probation, or parole. For more information, consult *63 O.S. §2-701*.
- By signing this form, the Defendant attests that the Defendant has read or the information contained herein was read to the Defendant. Further, the Defendant attests that the above information is true and accurate.
- Defendant acknowledges that any change pertaining to information that is provided above must be provided to the Oklahoma Bureau of Narcotics Methamphetamine Registry in writing within thirty (30) days thereof.

Defendant

Attorney for Defendant

Assistant District Attorney

Probation Parole Officer & Phone Number

Oklahoma Bureau of Narcotics and Dangerous Drugs
Fax or Mail form to: Methamphetamine Registration, 419 NE 38th Terrace, Oklahoma City, OK 73105.
Phone: 877-627-2674 Fax: 405-524-7619