

Case Profile

NAME: _____

ADDRESS: _____

Phone: _____ **Email:** _____

County of residence _____ **County of Prosecution** _____

Birth Date: _____ **Age at time of offense:** _____ **Victim's age:** _____

_____ **Please let me stay anonymous** _____ **You may use my name**

Did you accept a plea? YES NO **If so, to what CSC charge?** _____

Were you tried as a juvenile? YES NO **Adult?** YES NO

Were you sentenced under the Holmes Youthful Trainee Act (HYTA)? YES NO

- **What was your sentence?** _____

- **Briefly describe the circumstances of your case (use extra paper if needed):**

Notice: When completing this form never use facts that were not part of your original charge.

[illegible]

- **Why do you feel you should NOT have to register as a sex offender?** _____

[illegible]

- Have there been any negative effects from having to register? _____

[illegible]

Please fill out and return to:
Citizens for Second Chances
P.O. Box 84
Grand Haven, MI 49417

-OR-

Complete form, scan it and attach it to an email.
Send to: citizens_secondchances@yahoo.com