



**STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE**



**Deadly Weapon Offender Registry Unit
Verification or Change of Registration Information**

1. *In accordance with C.G.S. § 54-280, et seq., any registered deadly weapon offender shall, without undue delay, notify the Commissioner of the Department of Emergency Services and Public Protection (DESPP) of any changes in registration information by completing this form and mailing it to **DESPP, Deadly Weapon Offender Registry Unit, 1111 Country Club Road, Middletown, CT. 06457-2389** or by calling **(860) 685-8465**. Any person subject to registration as a deadly weapon offender who violates any provisions of C.G.S § 54-280a(a) or C.G.S § 54-280a(b) shall be guilty of a class D felony. Any person who is subject to registration as a deadly weapon offender who fails to notify the DESPP Commissioner of a change of name or address not later than five (5) business days after such change of name or address shall be guilty of a class D felony.*
2. *This form shall be used when a registrant is reporting:*
 - a. *An annual verification of registration information;*
 - b. *A name change and/or address change;*
 - c. *A name change through the Probate or Superior Court, complete Part V prior to filing the court application;*
 - d. *An employment, vocation, or student status at a trade or professional institution or institution of higher learning in Connecticut; or*
 - e. *Any electronic mail address or other similar Internet communication address established, changed or used.*

Part I. Registrant's Information

Registrant's Full Name:			DOB:		
Last	First	M.I.	Month	Day	Year
Registered Address:					
Number	Street	City/Town	State	Zip Code	Apt./Condo Unit Number
Phone Number:			Electronic Mail Address:		
Other Internet Communication Address:					

Part II. Name and/or Address Change

New Address:					
Number	Street	City/Town	State	Zip Code	Apt./Condo Unit Number
This change of address becomes effective on _____.					
(mm/dd/yyyy)					
New Name:			Effective Date:		
Last	First	Middle Name			

Part III. Employment, Vocation, or Student Status Out of State In-State Both Out of State and In-State

Name of Business and Full Address of Employment or Vocation: <i>(Number, Street, City/Town, State, Zip Code, Suite/Unit Number)</i>					
Name and Address of School, Trade or Professional Institution of Higher Learning: <i>(Number, Street, City/Town, State, Zip Code)</i>					

Part IV. Change of Name Only Prior to Probate or Superior Court Application MUST COMPLETE "REASON" SECTION on page 2

Registrant's Full Name:			DOB:		
Last	First	Middle Name	Month	Day	Year
I am seeking to change my name to:					
Last Name:		First Name:		Middle Name:	



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I am seeking to change my name for the following **REASON**:

As a person who has been convicted, or who has been found not guilty by reason of mental disease or defect, of an offense committed with a deadly weapon within the State of Connecticut, I am notifying the Commissioner of the Department of Emergency Services and Public Protection (DESPP) of my intention to apply for a change of my name through a Probate Court or a Superior Court under the provisions of C.G.S. § 52-11 and C.G.S. §54-280 et seq.

I understand that **prior** to filing such application with the Probate or Superior Court, I must notify the DESPP Commissioner on this form that I intend to file an application for a change of name and indicate the change of name sought.

I hereby state that such change of name is not being sought for the purpose of avoiding the legal consequences of a criminal conviction, including, but not limited to, a criminal conviction that requires me to register as an offender committing a crime with a deadly weapon.

Part V. Good Cause Shown Deferment

Note: This option is intended for use in exceptional circumstances only.

Date deferred to: _____
(mm/dd/yyyy)

Description of circumstances validating deferment:

I understand as a person subject to registration as a deadly weapon offender, if I violate any provisions of C.G.S §54-280a(a) or C.G.S § 54-280a(b), I shall be guilty of a class D felony.

I understand that as a person who is subject to registration as a deadly weapon offender if I fail to notify the DESPP Commissioner of a change of name or address not later than **five (5)** business days after such change of name or address, I shall be guilty of a class D felony.

I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See C.G.S. § 53a-157b).

<p>Registrant :</p> <p>_____ <i>Signature of Registrant</i></p>	<p>Date signed by registrant:</p> <p>_____ <i>mm/dd/yyyy</i></p>
<p>Annual Renewal Verification by Trooper/Police Officer:</p> <p>_____ <i>Signature</i> <i>Print Name</i> <i>Department</i></p>	<p>Date verification completed:</p> <p>_____ <i>mm/dd/yyyy</i></p>
<p>Received by DESPP, Deadly Weapon Offender Registry Unit:</p> <p>_____ <i>Signature DESPP Registry Official</i> <i>Print Name</i> <i>Title</i></p>	<p>Date received at DESPP/DWOR Unit</p> <p>_____ <i>mm/dd/yyyy</i></p>

Distribution: 1) Original to DESPP DWOR Unit-Middletown 2) Copy to registrant 3) Court, for change of name only