

State of Arkansas Sex Offender Registration Form

Reporting this information is required by Act 989 of 1997 (as amended). This form shall be sent to the Arkansas Crime Information Center within 3 days after completion for entry into the state and national Sex Offender Registration Files.

Type or Print <u>Black Ink Only</u>		Sentencing Court <u>12TH CIR</u>			Registered as: Sex or Child Offender <input type="checkbox"/>		
					(Check Box) Sexually Violent Predator <input type="checkbox"/>		
Offender's Last Name <u>Walker</u>	First Name <u>Barry</u>	Middle Name <u>Alan</u>	AKA or Alias Last Name		First Name	Middle Name	
Date of Birth <u>64</u>	Race <u>Cauc</u>	Sex <u>M</u>	Height <u>5 Ft 7 in</u>	Weight <u>160</u>	Hair Color <u>Br</u>	Eye Color <u>Bl</u>	
State Ident # (Arkansas SID)	FBI # (if available)	Driver License # <u>7209</u>	ID Card #	Social Security # <u>7209</u>			
Scars/Marks/Tattoos				State of DL or ID Card <u>AR</u>			

Sex or Child Offense Information (If additional space is needed, list on separate sheet and attach to this form)

Date of Arrest <u>3-1-99</u>	Arresting Agency <u>FSPD</u>	Offense for which found guilty or acquitted by reason <u>Sexual Abuse 1^o</u>	Arrest Tracking # <u>3737609</u>
Date of Arrest	Arresting Agency	Offense for which found guilty or acquitted by reason	Arrest Tracking #
Date of Arrest	Arresting Agency	Offense for which found guilty or acquitted by reason	Arrest Tracking #

Place of Incarceration (if applicable)

Department	Unit or Location
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Residence Address (known or anticipated)

Mailing Address (if different from residence, for example P.O.Box)

Street #, Street Name, RR # & Box, Apt #, Mobile Home # (Do <u>not</u> use P.O.-Box here) <u>503 E. Broadway</u>				Street #, Street Name, RR # & Box, Apt #, Mobile Home # or P.O. Box #			
City <u>Glenwood</u>	County <u>Pike</u>	State <u>AR</u>	Zip <u>71943</u>	City	State	Zip	

Place of Employment

Name of Employer (company and/or individual) <u>Self</u>	Street #, Street Name/ RR# & Box	City	State	Zip
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Brief Description of the Crime(s) for which this registration is required

<u>Inappropriate touching</u>				Filed in Open Court this <u>29</u> day of <u>March</u> , <u>2000</u> <u>Nancy Brewer, Circuit Clerk</u>			
Victim Information If Known	Age Victim 1 <u>8</u>	Race Victim 1 <u>White</u>	Sex Victim 1 <u>Female</u>	Offender Relationship to Victim 1 <u>None</u>	Age Victim 2	Race Victim 2	Sex Victim 2
							Offender Relationship to Victim 2 <u>Sister, D.C.</u>

Acknowledgement by Offender

I hereby acknowledge that I have been advised of my duty to register as a sex or child offender, or sexually violent predator, as required by Arkansas Act 989 of 1997 (as amended). I have also been advised that failure to regularly verify my address or failure to report any change of address as required under Act 989 of 1997 (as amended) constitutes a Class D felony and may result in my subsequent arrest and prosecution.

Registering Agency or Court <u>Sebastian County Circuit Clerk</u>	
Address <u>35 So. 6th</u>	City and Zip <u>Ft. Smith AR</u>
Name (Printed) of official completing this form <u>Cindy Gilmer DC</u>	Area Code & Phone # <u>501) 782-1046</u>

X Barry A Walker
Signature of Offender

3-29-00
Date

Ron Fields filled out w/ Deft

This Form shall be sent to the Arkansas Crime Information Center, One Capitol Mall, Little Rock, AR 72201. Any agency or official subject to reporting requirements that knowingly fails to comply with such reporting requirements shall be guilty of a Class B Misdemeanor.