

## Sex Offender Registration and Notification Act (SORNA) Training and Technical Assistance Request Form

Please use this form to request training and technical assistance for SORNA implementation.

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1. Name of agency requesting training and/or technical assistance:
2. Name of person requesting training and/or technical assistance:
3. Telephone Number:
4. Please select the jurisdiction type:

State  
Territory  
Tribal jurisdiction

5. Please select tribe from the dropdown menu:  
(Note: This a logic dropdown based on response to question 4)
  6. If tribe is not listed, please enter the information below  
(Note: This a logic dropdown based on previous response)
  7. Please select the state jurisdiction from the list below  
(Note: This a logic dropdown based on response to question 4)
  8. Please select the territorial jurisdiction from the list below  
(Note: This a logic dropdown based on response to question 4)
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### Training and Technical Assistance

9. What type(s) of training and/or technical assistance would you like to receive?  
(Note: Dropdown answers below) (Select all that apply)
  - SORNA basics
  - Advanced SORNA implementation
  - Community notification
  - Technology and software assistance
  - Legal challenges and court rulings
  - Best practices and innovations in SORNA implementation
  - Dispelling misconceptions of sex offender registration for professionals and communities
  - Consensus building regarding Registration protocols and purposes

Understanding registration as a civil law  
Constitutional safeguards in registration law  
Registrar safety  
Other (please specify)

10. Other

(Note: Free text space based on "other" selection from question 9)

11. Who will benefit from training in your jurisdiction?

(QC note: Dropdown selections) (Select all that apply)

SORNA registry staff  
Government officials  
Tribal leadership  
Local law enforcement  
Courts  
Prosecutors  
Court staff  
Victim advocates  
Corrections  
Probation officials

12. How can the SMART Office tailor training and technical assistance to help your jurisdiction implement or maintain SORNA standards?

13. What other types of training would you like/need?

(Note: Free text space) (Please provide as much information as possible)

14. Is there any additional information that you would like to add regarding this request?

15. Please enter today's date below

Please click on the box or on calendar icon to enter the date.

(Note: this will display as a box on the form)