

Texas Terrorist
Offender Registry

Duties of
Registration
Texas CCP, Ch. 65



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TOPICS

Duties of Registration Overview

- TOR-32 Notification of Registration Duties
- When to Notify
- TOR-35 Terrorist Offender Registration Form
- TOR-36 Terrorist Offender Fingerprint Card
- Non-Compliance

Questions

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IMPORTANT NOTES

- Registrants on Probation or Parole may have additional requirements/ restrictions per their conditions of supervision
- Registrants in location that has an ordinance may have additional requirements/restrictions per the ordinance

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IMPORTANT
NOTES

- Creating a TOR Collaborative Team can assist with developing how your agency handles all aspects of your TOR program management
- Internal and external stakeholders such as registrar, compliance officer, investigator, city attorney, DA's office, etc.
- SOPs covering registrations, record keeping, verifications, compliance checks, and how to proceed when there is a non-compliance

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NOTIFICATION OF REGISTRATION DUTIES
TEXAS TERRORIST OFFENDER REGISTRATION PROGRAM
CHAPTER 65, Code of Criminal Procedure - Release or Discharge from a Penal Institution or Release to Community Supervision, Parole, Mandatory Supervision or the Law Enforcement Registering Authority

TOR-50 (Rev. 11/2023)



Full Name (Last, First, Middle)									
Date of Birth mm/dd/yyyy	Sex	Race	Hgt	Wgt	Eyes	Hair	Social Security Number		
DL Number	State	ID Number	State	SID Number	FBI Number		TDCJ-ID Number		
Offense (Title) and Statute		State	<input type="checkbox"/> Federal <input type="checkbox"/> Military <input type="checkbox"/> OOC	Offense Date	Disposition Date		Discharge Date		
Offense (Title) and Statute		State	<input type="checkbox"/> Federal <input type="checkbox"/> Military <input type="checkbox"/> OOC	Offense Date	Disposition Date		Discharge Date		
Offense (Title) and Statute		State	<input type="checkbox"/> Federal <input type="checkbox"/> Military <input type="checkbox"/> OOC	Offense Date	Disposition Date		Discharge Date		
Length of Duty: <input type="checkbox"/> Lifetime <input type="checkbox"/> At Discharge (Court/Board Ordered) enter discharge date									
Length of duty is lifetime unless a judge enters a date <input type="checkbox"/> ICC ending registration date									
Verification requirement: <input type="checkbox"/> Annual (on birthday) <input type="checkbox"/> Every 90 Days									

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Chapter 65, Code of Criminal Procedure, requires me to register as a terrorist offender. I understand that:

☐ Initial Verification of Registration Upon Release or Discharge from a Penal Institution or Release to Community Supervision, Parole, Mandatory Supervision, or the Law Enforcement Registering Authority: No later than the 7th day after _____ (date of release/placement on community supervision or juvenile probation), I must personally appear at the following local law enforcement authority to verify and complete my registration:

☐ Verification of Registration:

Local Law Enforcement Agency Name: _____

Agency Address/City/State/Zip: _____

Notification to Authority for Campus Security Agency: _____

Agency Address/City/State/Zip: _____

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INITIAL VERIFICATION

§65.053

A registrant will initially verify with local law enforcement:

- Within 7 days after being released from a penal institution
- Within 7 days after being placed on community supervision

§65.053(c)

The local law enforcement agency shall require the registrant to provide proof of identity and residence

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SUPERVISION(Conditional)

If registrant is on juvenile probation, adult probation, or parole, and

- Registrant does not move to the address intended, then
- Registrant must notify supervising officer no later than the 7th day after release

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REGISTRATION

§65.051(a)

No later than the 7th day after arrival, registrant must register with the local law enforcement authority where residing, or intending to reside, for more than seven days.

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LOCAL LAW ENFORCEMENT POLICIES

§65.051(a)(2)

All registrations, verifications, and notifications of change of status must be provided in person and within the time-periods defined by Chapter 65

A registrant is compliant if appeared within the time-period defined yet was instructed by the verifying agency to return on a date outside the time-period

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ADDITIONAL INFORMATION AS REQUIRED BY THE DEPARTMENT

§65.051(c)(10)

Includes, but not limited to:

- Blood type
- Shoe size
- Nearest relative's name and address
- Identification of any vehicle owned or operated
- Online identifiers
- Email addresses

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CERTAIN WORKERS AND STUDENTS

A registrant may be required to register concurrently in Texas and another state



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CERTAIN WORKERS AND STUDENTS

§65.054(e)(1):

Residing outside of Texas:

- Work or attend school in Texas: Shall register in Texas within 7 days

§65.054(e)(2) & (i):

Residing in Texas:

- Work, vocation, or attend school in another state: shall register in the other state within 10 days

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CERTAIN WORKERS AND STUDENTS

What If...

Individual resides in Michigan and travels to Plano for work, arrives in Texas on Monday and returns to Florida the following Friday. Would he/she be required to register in Texas under this statute?

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CHANGE OF ADDRESS

§65.054(a),(c), & (e)

Registrant notifies verifying agency no less than 7 days before a move

Verifying agency notifies other jurisdiction within 3 days

Registrant notifies verifying agency no more than 7 days after a move

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CHANGE OF ADDRESS

§65.054

If a registrant has not moved by the 7th day after the anticipated move:

- Registrant must report weekly to their verifying agency and (supervising officer if applicable)

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CHANGE OF ADDRESS

What if.....

Registrant resides in San Antonio and is verifying with San Antonio Police Department and decides to take a 2 weeks vacation in Fredericksburg.

Registrant resides in Lubbock and is verifying with Lubbock Police Department and decides to take a 5-day ski vacation to Utah. On the last day, he breaks his leg on the slopes and cannot return home as expected. Another 3 days go by before he can return home.

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LACK OF ADDRESS

§65.054(h)

Residing for more than 7 days at a location or locations to which a physical address has not been assigned by a governmental entity:

- Report every 30 days
- Provide a detailed description of the location

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LACK OF ADDRESS

What if...

Registrant has been homeless but is now residing at a hotel. Is he still considered a Lack of Address (Transient)?

Registrant is living in a car on some land he owns. Is he considered Lack of Address (Transient)?

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STATUS CHANGES

§65.055(a)

Probation officer must promptly inform the local law enforcement agency of any changes they are aware of, such as change in name, physical health, job or educational status, incarceration, or terms of release

§65.055(b)

Registrant must inform the local law enforcement agency no later than the 7th day after the date of a change of name, job or educational status, or if hospitalized for any reason

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PERIODIC VERIFICATION OF REGISTRATION

§65.056

Offender must report every **90 days** following the date the offender first registered under Chapter 65, if

- Convicted or adjudicated of 2 or more reportable offenses

Offender must report **Annually** no earlier than 30th day before and no later than 30th day after the offender date of birth, if

- Convicted or adjudicated of 1 reportable offense

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PERSONS REGULARY VISITING LOCATION

§65.057

If registrant stays:

- 48 or more consecutive hours in another jurisdiction
- 3 or more time in any month

Must report before the last day of that month:

- All information required for registration
- Address visiting
- Statement if returning the following month

Paperwork kept in-house

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PERSONS REGULARY VISITING LOCATION

Example:

Registrant resides in El Paso and verifies with El Paso Police Department. He travels to Marfa to visit his girlfriend every Friday evening and stays until Monday morning before returning to El Paso.

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DL/ID REQUIREMENTS

§65.058

Apply for the annually renewable Classified Terrorist Offender (CTO) Driver License or Identification with 30 days of registration

- Must maintain the annually renewable CTO DL or ID
- Failure to apply or maintain will result in automatic revocation

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DNA SPECIMEN

§65.059

A person required to register under this chapter shall comply with a request for a DNA specimen made by a law enforcement agency.

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PROHIBITED LOCATION OF RESIDENCE

§65.060

If a registrant wants to reside on the campus of an institution of higher education

- Must receive approval from the IHE to reside on campus

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FAILURE TO COMPLY WITH REGISTRATION REQUIREMENTS

§65.102(a),(b)&(c)

A person commits an offense if the person is required to register and intentionally or knowingly fails to comply with any requirement of this chapter.

- 3rd degree felony for 1st failure to comply
 - Elevated to 2nd degree felony for 2nd failure to comply

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COMPLETE AND ACCURATE

§65.051(g)

Registrant is required to provide complete and accurate information

§65.051(k)

Registrant may not refuse or fail to provide any information required

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SUGGESTION OF WHEN TO NOTIFY

- First time reporting to your agency
- Updated reportable offense(s)
- Annually or when the form changes
- Leaving your jurisdiction

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TOR-35 REGISTRATION FORM

➤ Initial Registration

➤ Verification

- Form can be used if TOR not available
- Form or printout from TOR can be used for registrant to sign after confirming accurate and complete

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TERRORIST OFFENDER REGISTRATION PROGRAM																			
PLEASE PRINT LEGIBLY - Illegible information or incomplete data sets will be omitted or cause delay of entry into the registry.																			
REGISTRATION FORM		REGISTRATION DATE TX		TX SID NO.		LENGTH OF DUTY		VERIFICATION		RECORD TYPE									
NAME (LAST, FIRST, MIDDLE)												DOB							
POB	CTZ	SEX	RAC	ETH	HGT	WGT	EYE	HAI	SKN	SSN	MNU (Code - No.)	BLOOD	SHOE	SEX	WIDTH				
ALIAS NAME(S)												SCARS, MARKS, TATTOOS AND OTHER CHARACTERISTICS							
CAUTION / MEDICAL CONDITIONS																			
<input type="checkbox"/> ALCOHOLIC <input type="checkbox"/> DIABETIC <input type="checkbox"/> EXPLOSIVE EXPERTISE <input type="checkbox"/> INTERNATIONAL FLIGHT RISK <input type="checkbox"/> MEDICATION REQUIRED <input type="checkbox"/> ALLERGIES <input type="checkbox"/> EPILEPSY <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> KNOWN TO ABUSE DRUGS <input type="checkbox"/> SUICIDAL <input type="checkbox"/> ARMED & DANGEROUS <input type="checkbox"/> ESCAPE RISK <input type="checkbox"/> HEMOPHILIC <input type="checkbox"/> MARTIAL ARTS EXPERT <input type="checkbox"/> VIOLENT TENDENCIES																			
TYPE TEX		CATEGORY TEXAS		STATE TX		8 DIGIT TEXAS OFFENSE CODE		DOC		TX TRN		COURT CAUSE/ CASE NO.							
OFFENSE TITLE (ec)																			
COMPLETE STATUTORY REFERENCE (ec: 130.35(3)(b))																			
DATE OF OFFENSE				COUNTY		WEAPON		DISPO DATE		STATUS		<input type="checkbox"/> LIFETIME SENTENCE		<input type="checkbox"/> CREDIT TIME SERVED		FINE & COURT COSTS ONLY			
SENTENCE LENGTH Y M D		DISCHARGE DATE		DISCHARGED		<input type="checkbox"/> YES													

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TERRORIST OFFENDER REGISTRATION PROGRAM																			
PLEASE PRINT LEGIBLY - Illegible information or incomplete data sets will be omitted or cause delay of entry into the registry.																			
REGISTRATION FORM		REGISTRATION DATE TX		TX SID NO.		LENGTH OF DUTY		VERIFICATION		RECORD TYPE									
NAME (LAST, FIRST, MIDDLE)												DOB							
POB	CTZ	SEX	RAC	ETH	HGT	WGT	EYE	HAI	SKN	SSN	MNU (Code - No.)	BLOOD	SHOE	SEX	WIDTH				
ALIAS NAME(S)												SCARS, MARKS, TATTOOS AND OTHER CHARACTERISTICS							
CAUTION / MEDICAL CONDITIONS																			
<input type="checkbox"/> ALCOHOLIC <input type="checkbox"/> DIABETIC <input type="checkbox"/> EXPLOSIVE EXPERTISE <input type="checkbox"/> INTERNATIONAL FLIGHT RISK <input type="checkbox"/> MEDICATION REQUIRED <input type="checkbox"/> ALLERGIES <input type="checkbox"/> EPILEPSY <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> KNOWN TO ABUSE DRUGS <input type="checkbox"/> SUICIDAL <input type="checkbox"/> ARMED & DANGEROUS <input type="checkbox"/> ESCAPE RISK <input type="checkbox"/> HEMOPHILIC <input type="checkbox"/> MARTIAL ARTS EXPERT <input type="checkbox"/> VIOLENT TENDENCIES																			
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DATE OF OFFENSE				COUNTY		WEAPON		DISPO DATE		STATUS		<input type="checkbox"/> LIFETIME SENTENCE		<input type="checkbox"/> CREDIT TIME SERVED		FINE & COURT COSTS ONLY			
SENTENCE LENGTH Y M D		DISCHARGE DATE		DISCHARGED		<input type="checkbox"/> YES													
PHYSICAL ADDRESS																			
ADD TYPE TX AL		STREET NO.		STREET NAME		SUD		SUN		CITY		COUNTY		STATE		ZIP		<input type="checkbox"/> URBAN <input type="checkbox"/> RURAL	
DRIVER LICENSE NO.		STATE		EXP. DATE		EMAIL ADDRESS		EMAIL ADDRESS											

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DRIVER LICENSE NO.		STATE		EXP. DATE		EMAIL ADDRESS		EMAIL ADDRESS															
IDENTIFICATION CARD NO.		STATE		EXP. DATE		EMAIL ADDRESS		EMAIL ADDRESS															
TELEPHONE NO.		TYPE		TELEPHONE NO.		TYPE		INTERNET ID: USER NAME/MONIKER		WEBSITE ADDRESS (URL)													
INTERNET ID: USER NAME/MONIKER		WEBSITE ADDRESS (URL)		INTERNET ID: USER NAME/MONIKER		WEBSITE ADDRESS (URL)		INTERNET ID: USER NAME/MONIKER		WEBSITE ADDRESS (URL)													
ADD. LICENSE PLATE NO.		STATE		TYPE		EX. YEAR		OWNERSHIP TYPE		VEH. TYPE		MAKE		MODEL		STYLE		YEAR		COLOR		VIN	
OCCUPATION TYPE		OCCUPATION CODE		EMPLOYER NAME		EMPLOYER NAME		EMPLOYER NAME		EMPLOYER NAME		EMPLOYER NAME		EMPLOYER NAME		EMPLOYER NAME		EMPLOYER NAME		EMPLOYER NAME		EMPLOYER NAME	
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> DISABLED <input type="checkbox"/> UNKNOWN		TELEPHONE NO.		ADDRESS STREET NO.		STREET NAME		CITY		STATE		ZIP		STATE		ZIP		STATE		ZIP		STATE	
OCCUPATIONAL LICENSING AUTHORITY		OCCUPATIONAL LICENSE TYPE		OCCUPATIONAL LICENSE NO.		OCCUPATIONAL LICENSE NO.		OCCUPATIONAL LICENSE NO.		OCCUPATIONAL LICENSE NO.		OCCUPATIONAL LICENSE NO.		OCCUPATIONAL LICENSE NO.		OCCUPATIONAL LICENSE NO.		OCCUPATIONAL LICENSE NO.		OCCUPATIONAL LICENSE NO.		OCCUPATIONAL LICENSE NO.	
INSTITUTION OF HIGHER EDUCATION NAME		CAMPUS		CITY		CITY		CITY		CITY		CITY		CITY		CITY		CITY		CITY		CITY	
NEAREST RELATIVE NAME (LAST, FIRST)		RELATIONSHIP TO REGISTRANT		TELEPHONE NO.		TELEPHONE NO.		TELEPHONE NO.		TELEPHONE NO.		TELEPHONE NO.		TELEPHONE NO.		TELEPHONE NO.		TELEPHONE NO.		TELEPHONE NO.		TELEPHONE NO.	
RELATIVE'S ADDRESS STREET NO.		STREET NAME		CITY		CITY		CITY		CITY		CITY		CITY		CITY		CITY		CITY		CITY	
RELATIVE'S ADDRESS STREET NO.		STREET NAME		CITY		CITY		CITY		CITY		CITY		CITY		CITY		CITY		CITY		CITY	
Review the information provided prior to signing this form. Making a false entry on a governmental record is a crime and could result in criminal charges being filed. By signing this form, I verify the above information is complete and accurate. I have been notified and understand I have a duty to register as a terrorist offender in Texas. Failure to abide by these requirements could subject me to criminal prosecution, pursuant to Texas Code of Criminal Procedure, Chapter 65.																							
Probation / Parole Officer (Please Print)		Probation / Parole Telephone No.		Registrant's Signature		Registrant's Signature		Registrant's Signature		Registrant's Signature		Registrant's Signature		Registrant's Signature		Registrant's Signature		Registrant's Signature		Registrant's Signature		Registrant's Signature	

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TOR-36 FINGERPRINT CARD

- Adds individual to the Terrorist Offender secure website
- Can use any fingerprint card (except SOR-32)
- TxTOR@dps.Texas.gov to order cards

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		TERRORIST REGISTRANT TEXAS DEPARTMENT OF PUBLIC SAFETY CRIME RECORDS SERVICE PO BOX 4143, MSC 0230 AUSTIN TX 78768-4143												LEAVE BLANK									
USE FOR TERRORIST REGISTRATION PURPOSES ONLY																							
NAME (LAST, FIRST, MIDDLE)										TX SID NO.			DATE OF BIRTH			POB							
SEX	RACE	ETH	HGT	WGT	EYE	HAI	CTZ	SKN	ALIAS NAMES														
CONTRIBUTING AGENCY									SOCIAL SECURITY NO.				SCARS, MARKS, TATTOOS, AMPUTATIONS										
OR: _____									DRIVER LICENSE NO.				STATE		TYPE		IDENTIFICATION CARD NO.		STATE				
NAME: _____									REGISTRANT'S ADDRESS									CITY		STATE		ZIP	
CITY: _____									STATE: _____														
TERRORIST REGISTRANT										DATE PRINTS TAKEN			PRINTED BY			SIGNATURE OF REGISTRANT							

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EMAIL OR FAX COMPLETED FORMS AND OTHER DOCUMENTS TO:

TxTOR@dps.texas.gov
TOR Fax (512) 424-7702

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NON-COMPLIANCE

Failing to report for Verification

Failing to report a Change of Status:

- Changing residence, **no less than 7 days prior to move**
- Move to new Texas address, **no more than 7 days after arrival**
- Job change, **no more than 7 days after change**
- Educational status change, **no more than 7 days after change**
- Online identifiers change, **at next verification**
- Vehicle or phone number change, **at next verification**

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TOR COMPLIANCE COMPONENT

- Compliance checks are not specifically addressed in Chapter 65
- The following are recommendations only
- Create a Collaborative Team
- Failure to cooperate with a compliance check is not a violation of Chapter 65

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REVIEW

When shall a registrant apply for the issuance of an Annually Renewable Classified Terrorist Offender Driver License or Identification?

- A. Some registrants are exempt
- B. After receiving the revocation letter
- C. Within 30 days of registration

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REVIEW

Initial verification happens how many days after registration?

- A. 7 day
- B. 10 days
- C. 30 days

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REVIEW

A change of an online identifier, vehicle, or phone number must be reported 7 days after the change.

- A. True
- B. False

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Q & A

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