



STARKE COUNTY SHERIFF'S OFFICE  
SHERIFF JACK ROSA

TELEPHONE: (574)772-3771 5435 E. STATE ROAD 8

FAX: (574)772-7641

KNOX, IN 46534

This form is to be filled out and returned to the Starke County Sheriff's Office/SVOR Coordinator. This form serves as an application for the listed address to be included in the restricted areas for Sexually Violent Predators and Offenders Against Children. Per Indiana Statute 35-42-4-11, areas that qualify include:

- **School Property (excluding post-secondary education)**
  - Head Start, Special Needs Programs, Preschools, Public/Private Schools, All School grounds (including areas rented or maintained by any of the above organizations) [IC 35-31.5-2-285]
- **Public Parks**
  - County/City maintained walkways, recreation areas, playgrounds, splashpads, playfields and recreational programs [IC 35-31.5-2-258 and IC 36-10-1-2]
- **Youth Programs**
  - Non-School based programs that, on a regular basis, provide recreational, vocational, academic, social or other programs for persons under 18 years of age. Can be public, private or church organized. [IC 35-31.5-2-357]
- **Child Care**
  - Any child caring institution, foster family home, group home, child placing agency, or public/private daycares [IC 12-7-2-28.2 and IC 31-33-26-1]

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Applicant Name: \_\_\_\_\_ Applicant Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Type: (Circle One)

School Property

Public Park

Youth Program

Child Care

Description of the business/program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

“LOYALTY AND PRIDE”

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**\*\* All applications will be reviewed by the Sheriff's Department and approval/denial status will be communicated to the applicant listed above. If you feel your application has been denied wrongfully, please submit a written appeal to the Sheriff's Department SVOR Division and we will contact you to discuss the application further. If you believe you work or reside in an area that should be added to the list of restricted entities, but fail to submit this form, your area will not be included. \*\***

**\*\*This page to be filled out by Sheriff's Department\*\***

Name of Business: \_\_\_\_\_ Status: \_\_\_\_\_

Reason:

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Appealed:    yes    no

Results:

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Signature of Sheriff: \_\_\_\_\_

Signature of SVORC: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Date Modified (if applicable): \_\_\_\_\_