



Request for Limited Adult Criminal History Information

(317) 233-5424

ID Billing Number

Please type or print all information

RECORD CHECK ON:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

First Name

<input type="checkbox"/>

MI

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Date of Birth MMDDYYYY

M = Male
F = Female

<input type="checkbox"/>

Sex

A = Asian / Pacific
W = White
U = Unknown
I = American Indian / Alaskan
B = Black
M = Multi Racial

<input type="checkbox"/>

Race

REQUESTER

AGENCY

SELF

ADOPTION

(219) 926-2500

Daytime Phone Number

Name
Field Station Cooperative

Mailing Address: (where this response will be sent)
399 Howe Road

City, State, Zip Code
Porter, IN 46304

ATTENTION: Parent Participation Chair

Limited Criminal History Information – Reason For Request

The cost is \$7.00. Mark an "X" in one box below for this request.

Certified check or money order must be enclosed if request is mailed.

Cash will be accepted only in person. [Correct Change]

- (1) Has applied for employment with a non-criminal justice organization or individual;
- (2) Has applied for a license and criminal history data as required by law to be provided in connection with the license;
- (3) Employment with a state or local governmental entity.
- (4) Is a candidate for public office or a public official;
- (5) Is in the process of being apprehended by a law enforcement agency;
- (6) Is placed under arrest for the alleged commission of a crime;
- (7) Has charged that his rights have been abused repeatedly by criminal justice agencies;
- (8) Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;
- (9) Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency, or a nonprofit corporation;
- (10) Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10.1-1-2) or a non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;
- (11) Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC 20-10.1-1-3) that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher IC 5-2-5-5.
- (12) Is being investigated for welfare fraud by an investigator of the Division of Family and Children or a county office of family and children;
- (13) Is being sought by the parent locator service of the Child Support Bureau of the Division of Family and Children;
- (14) Is or was required to register as a sex and violent offender under IC 5-2-12; or
- (15) Has been convicted of any of the following:
 - (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
 - (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
 - (C) Child molesting (IC 35-42-4-3).
 - (D) Child exploitation (IC 35-42-4-4(b)).
 - (E) Possession of child pornography (IC 35-42-4-4(c)).
 - (F) Vicarious sexual gratification (IC 35-42-4-5).

(continued on next page)

- (G) Child solicitation (IC 35-42-4-6).
- (H) Child seduction (IC 35-42-4-7).
- (I) Sexual misconduct with a minor as a *Class A or Class B* felony (IC 35-42-4-9).
- (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.

NO FEE
Mark an "X" in one box below for this request.

PER IC 10-13-3-36

- A. Program has been in existence for 10 years, and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
- B. Home Health Agency (Copy of license has been issued and on file with Indiana State Police).
- C. Department of Public Welfare Day Care/Foster Home Licensing or license.
- D. School Corporation, Non-Public School or Special Education Cooperative (Kindergarten through Grade 12).
- E. Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29.
- F. Group living facility licensed under IC 12-28-5.
- G. An area agency on aging designated under IC 12-10-1.
- H. Community action agency (as defined in IC 12-14-23-2).
- I. Owner operator of a hospice program licensed under IC 16-25-3.
- J. Community mental health center (as defined in IC-7-2-38).

(Before checking above box read the defined Indiana Code)

\$10.00 () Mark an (X) here for this request

REVIEW CHALLENGE

Any person may challenge the information contained in the person's **criminal history data file** 10-13-3-31. An individual requesting a **Review Challenge** of their criminal history on themselves may obtain the information two (2) different ways.

1. Request in person – come to our office (address below)
 - a. Must have picture ID, or social security card, or birth certificate.
 - b. \$10.00 cash or money order or certified check.
2. Request by mail – please submit the following:
 - a. This form, or a simple letter requesting, "full criminal history information."
 - b. A complete set of fingerprints taken by a law enforcement agency.
 - c. \$10.00 certified check or money order to State of Indiana **(NO CASH OR PERSONAL CHECKS)**.

WARNING PENALTY FOR MISUSE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

PRINT Name of Requester

Signature of Requester

Date

Certified check or money order only - made payable to the STATE OF INDIANA.
Cash will be accepted only if request is in person. "NO" personal checks

Mail request to:
 Indiana State Police, Central Repository
 100 North Senate Avenue, Room N302
 Indianapolis, Indiana 46204-2259