

**IDAHO SUPREME COURT  
451 WEST STATE STREET  
P.O. BOX 83720  
BOISE, IDAHO 83720-0101**

**APPLICATION FOR REGISTRATION ON THE IDAHO SUPREME COURT'S ROSTER  
AS A PERSON ELIGIBLE TO CONDUCT EVALUATIONS OF PERSONS WHO ARE  
GUILTY OF DOMESTIC ASSAULT OR DOMESTIC BATTERY UNDER I.C. §18-918.  
(IDAHO CRIMINAL RULE 33.3)**

**PART I**

**General Information**

**1. Qualifications for Registration:**

To be deemed eligible for the Idaho Supreme Court's roster, the applicant must: a) be licensed by the state of Idaho or other state as a physician, psychologist, master social worker, professional counselor, marriage and family therapist, registered nurse, nurse practitioner, or physician's assistant; b) have a minimum of one year's experience following licensure in the assessment or treatment of domestic violence related issues; c) have twenty (20) hours of specialized education or training in domestic violence matters within the previous two years. Up to ten (10) hours may be satisfied through approved participatory online CEU program(s); d) successfully complete a current criminal history check and sign a Statement of Criminal History Record Information (CHRI) and any other confidentiality agreements required by the Idaho State Police; and e) be familiar with Idaho Code §18-918 and Idaho Criminal Rule (I.C.R.) 33.3.

**2. Criminal History Check:**

Idaho Court Administrative Rule 47 and 75 require that Evaluators must complete a criminal history check. Applicants may obtain the criminal records packet of information that will be submitted to the Supreme Court along with this application by e-mailing a request to Susan Wendt at [swendt@idcourts.net](mailto:swendt@idcourts.net), or through the Idaho Supreme Court website page related to this application at: [http://www.isc.idaho.gov/domassau\\_tbl.htm](http://www.isc.idaho.gov/domassau_tbl.htm)

**3. Supporting Documents:**

In addition to the criminal history check documents, an applicant must submit the following to be deemed eligible for registration on the Idaho Supreme Court's roster:

- a. A copy of the applicant's current professional license;
- b. The attached application including all parts II-VI;
- c. Documentation supporting the application including certificates of attendance evidencing date of training and number of hours attended or other proof of completion; and
- d. A signed Statement of Criminal History Record Information (CHRI) Confidentiality.

4. To remain on the Idaho Supreme Court's Roster of Evaluators:

To remain on the Supreme Court's Roster of Evaluators, an evaluator must file proof that the evaluator has taken a minimum of sixteen (16) hours of approved continuing education or training in domestic violence related topics every two (2) year period. Up to eight (8) of the sixteen (16) required hours may be satisfied through approved participatory online CEU programs. Proof of compliance that the continuing education requirement has been satisfied must be submitted to the Idaho Supreme Court by July 1 of each two (2) year period in order to be qualified for the succeeding two year period. Please include documentation supporting continuing education requirements, including a current copy of your current professional license, attendance certificates, or other proof of completion.

5. Application must be typewritten and mailed or delivered to:

Idaho Supreme Court  
Attn: Amber Moe  
P.O. Box 83720  
Boise, Idaho 83720-0101

Phone: (208) 947-7451

6. Links to Idaho Code §18-918, Idaho Court Administrative Rule 75 and Idaho Criminal Rule 33.3 are:

Idaho Code §18-918:

<http://www.legislature.idaho.gov/idstat/Title18/T18CH9SECT18-918.htm>

Idaho Criminal Rule (I.C.R.) 33.3: <http://www.isc.idaho.gov/rules/crim33-3.txt>

Idaho Court Administrative Rule (I.C.A.R.) 75: <https://isc.idaho.gov/icar75>

7. Supporting documentation checklist:

1. Application Parts II, III, IV, V, and VI;
2. Certificates of attendance/proof of training;
3. Completed criminal history background check information and two (2) rolled fingerprint cards.

Questions related to the application process, please contact:

Amber Moe  
Statewide Domestic Violence Court Manager  
Idaho Supreme Court  
(208) 947-7451 or email: [amoe@idcourts.net](mailto:amoe@idcourts.net)

## PART II - APPLICATION FORM

---

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Note the information you furnish **BELOW** will be used on the public roster of evaluators and online.*

Counties where you are willing to conduct evaluations:

\_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

In support of this application, I state the following:

I am licensed as a \_\_\_\_\_ by the state of \_\_\_\_\_

*(Please attach a copy of your current professional license.)*

I have \_\_\_\_\_ hours of specialized education or training in domestic violence and have a minimum of one year's experience after licensure in the assessment or treatment of domestic violence related issues.

### PART III

**Twenty (20) hours of education or training in domestic violence within the past two years. Up to ten (10) hours may be satisfied through approved participatory online CEU programs.**  
**Please include certificate of attendance or other proof of completion.**

*To list additional courses, please use next page.*

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

\_\_\_\_\_

Name of Training or Course: \_\_\_\_\_

Number of hours related to domestic violence: \_\_\_\_\_

Date(s) attended: \_\_\_\_\_

Name of sponsoring organization: \_\_\_\_\_

Detailed explanation of course content and how it relates to domestic violence:

Type of Course (*select only one*): ☐ In-person or ☐ Online

\_\_\_\_\_

Name of Training or Course: \_\_\_\_\_

Number of hours related to domestic violence: \_\_\_\_\_

Date(s) attended: \_\_\_\_\_

Name of sponsoring organization: \_\_\_\_\_

Detailed explanation of course content and how it relates to domestic violence:

Type of Course (*select only one*): ☐ In-person or ☐ Online

### PART III cont.

**Twenty (20) hours of education or training in domestic violence within the past two years. Up to ten (10) hours may be satisfied through approved participatory online CEU programs.**  
**Please include certificate of attendance or other proof of completion.**

*List additional courses on this page.*

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

\_\_\_\_\_

Name of Training or Course: \_\_\_\_\_

Number of hours related to domestic violence: \_\_\_\_\_

Date(s) attended: \_\_\_\_\_

Name of sponsoring organization: \_\_\_\_\_

Detailed explanation of course content and how it relates to domestic violence:

Type of Course (*select only one*): ☐ In-person or ☐ Online

\_\_\_\_\_

Name of Training or Course: \_\_\_\_\_

Number of hours related to domestic violence: \_\_\_\_\_

Date(s) attended: \_\_\_\_\_

Name of sponsoring organization: \_\_\_\_\_

Detailed explanation of course content and how it relates to domestic violence:

Type of Course (*select only one*): ☐ In-person or ☐ Online

## PART IV

**Experience after licensure in the assessment or treatment of domestic violence related issues.**

*To add additional records, please copy page.*

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

In what year was your license first obtained? \_\_\_\_\_

\_\_\_\_\_

Name, address, and phone number of organization or facility providing DV treatment or assessment:

Dates with organization: Beginning (mm/yy) - \_\_\_\_\_ Ending (mm/yy) - \_\_\_\_\_

Name of facility/organization supervisor or contact person: \_\_\_\_\_

Average hours providing DV treatment or assessment per month: \_\_\_\_\_

Detailed description of experience:

\_\_\_\_\_

Name, address, and phone number of organization or facility providing DV treatment or assessment:

Dates with organization: Beginning (mm/yy) - \_\_\_\_\_ Ending (mm/yy) - \_\_\_\_\_

Name of facility/organization supervisor or contact person: \_\_\_\_\_

Average hours providing DV treatment or assessment per month: \_\_\_\_\_

Detailed description of experience:

## **PART V**

### **IDAHO PUBLIC SAFETY AND SECURITY INFORMATION SYSTEM**

#### ***STATEMENT OF CRIMINAL HISTORY RECORD INFORMATION (CHRI) CONFIDENTIALITY***

##### **AUTHORIZED USAGE AND DISSEMINATION OF CRIMINAL HISTORY RECORD INFORMATION OBTAINED THROUGH THE NCIC INTERSTATE IDENTIFICATION INDEX (III) FILES.**

Idaho Code 67-3009 states " It is unlawful for a person for personal gain to request, obtain, or attempt to obtain criminal history records under false pretenses or willfully communicate or attempt to communicate criminal history records to any agency or person not authorized to receive the information by law. "

The United State Department of Justice and federal courts have interpreted Title 28, United States Code (U.S.C.) Section 534 (the basic and fundamental authorization for the collection, acquisition, exchange and dissemination of CHRI) to restrict access to FBI CHRI to criminal justice agencies for criminal justice purposes and to federal agencies authorized to receive it pursuant to a federal statute or executive order.

Title 28 code of federal regulations, Part 20, 3(g), defines "criminal justice agency" as "(1) courts: [or] (2) a government agency or any subunit thereof which performs the administration of criminal justice pursuant to a statute or executive order, and which allocates a substantial part of it's annual budget to the administration of criminal justice." Section 20.3(b) defines the term "administration of criminal justice" by stating that "the administration of criminal justice means performance of any of the following activities; detection, apprehension, detention, pretrial release, post-trial release, prosecution, adjudication, correctional supervision, or rehabilitation of accused persons or criminal offenders."

The privacy Act of 1974 and the Computer and Abuse Act of 1986 are two federal statutes affording criminal and civil liability for violations of privacy and security provisions relating to the use of CHRI. Additionally, 28 U.S.C., section 534, contains provisions calling for the cancellation of access rights by criminal justice agencies if the dissemination of CHRI is made outside the receiving department or a related agency. Furthermore most (if not all) states have laws which criminalize or provide civil liability for misuse/unauthorized dissemination of their CHRI.

CHRI recipients are again reminded that, with the exception of federally approved uses, the III may only be accessed and used by criminal justice agencies for criminal justice purposes. Users are also reminded that III may be used for a criminal justice employment background, but that such inquiry should be followed up with fingerprint submission.

*I have read and understand the above information. And by affixing my name to this document, agree to abide by all of the laws, rules and regulations cited within this document.*

---

Signature

---

Date

**PART VI**  
*Idaho Supreme Court*

APPLICATION FOR REGISTRATION ON THE IDAHO SUPREME COURT'S  
ROSTER AS A PERSON ELIGIBLE TO CONDUCT EVALUATIONS OF PERSONS  
WHO ARE GUILTY OF DOMESTIC ASSAULT OR DOMESTIC BATTERY UNDER  
I.C. §18-918. (IDAHO CRIMINAL RULE 33.3)

***AFFIDAVIT OF COMPLIANCE***

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

To the Idaho Supreme Court:

I, \_\_\_\_\_, being first duly sworn, depose and say that:

I have submitted this application for registration on the Idaho Supreme Court's roster as a person eligible to conduct evaluations of persons guilty of domestic assault or domestic battery under Idaho Code §18-918 pursuant to Idaho Criminal Rule 33.3. By signing this application, I certify that I have satisfied the requirements therein for making this application.

I fully realize that the determination as to whether I am approved by the Idaho Supreme Court depends, in part, on the truthfulness and completeness of my answers set forth in this application, my criminal history check, and the statements attached. To my knowledge, the answers and information which I have supplied in connection with this application and criminal history check are true and complete.

I have read and understand the contents of Idaho Code §18-918 and a current version of Idaho Criminal Rule 33.3, and I will conduct the evaluation of persons guilty of domestic assault or domestic battery in conformance with these provisions.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of Idaho, this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC for the State of Idaho

Residing in \_\_\_\_\_ County

Commission expires \_\_\_\_\_