

# SELF-DECLARATION AND AUTHORIZATION FOR CRIMINAL HISTORY CHECK

## FOR OFFICE USE ONLY

Date Received:

Action Log:

Cleared:

FBI Reject 1:

Exemption:

HIT:

FBI Reject 2:

Denied:

Last Name

First Name

List Former Name(s) (Maiden, AKA, etc.)

List Former Name(s) (Maiden, AKA, etc.)

List Former Name(s) (Maiden, AKA, etc.)

List Former Name(s) (Maiden, AKA, etc.)

Street Address

City

State

Zip

Daytime telephone number

Date of Birth

Place of Birth - City and State

Social Security Number

Driver's License Number

Sex

Race

Height

Weight

Hair Color

Eye Color

I am applying as a \_\_\_\_\_ in the \_\_\_\_\_

If you answer YES to any one of questions 1 through 5, or NO to question 6 below, you will be asked to provide an explanation of each item. Please include the date, location, crime/incident, and action.

1. Do you have an arrest record in this or any other state? Yes ☐ No ☐
2. Have you ever pled guilty or been convicted of a crime as an adult or juvenile? Check YES, even if the conviction was sealed or the judgement was withheld. (include traffic crimes, such as DUI, reckless driving, or driving without privileges, but do not include traffic infractions such as excessive speed.) Yes ☐ No ☐
3. Do you have criminal charges or warrants pending against you or are you on probation or parole in this state or any other state? Yes ☐ No ☐
4. Have you ever had a valid child or adult protection action filed against you? Yes ☐ No ☐
5. Has your driver's license ever been suspended or revoked? Yes ☐ No ☐
6. Do you have a valid driver's license today? Yes ☐ No ☐

## Authorization to Investigate

I hereby authorize the Idaho Supreme Court (Court) to conduct a criminal history and background check on me. I understand that my fingerprints will be sent to the FBI for processing and I authorize the Court to gather information from any city, county, state, and/or federal law enforcement agencies, the Idaho Department of Health and Welfare, the Idaho Sex Offender Registry, and any other source deemed necessary by the Court. I release the Court from any and all liability and expense associated with this investigation.

**Self-Declaration:**

I swear/affirm that the information on this form is true and accurate to the best of my knowledge. My signature reflects my understanding that I am signing this document under oath under penalty of perjury. I understand that any fraud, misrepresentation, or omission in my answers may result in my disqualification or dismissal.

Date \_\_\_\_\_

**Applicant's Signature**

## Notary

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature

Residing at:

My commission expires:

## AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

### INSTRUCTIONS

- This form **must** be completed in its entirety.
- It **must** be signed by the person that is being checked, or, by their parent/guardian if the subject of the search is under the age of eighteen (18).
- The signature **must** be notarized.
- Include a check, money order, or appropriate invoice in the amount of \$20.00 payable to: **"Idaho Department of Health and Welfare"** or **"IDHW"**. DO NOT SEND CASH.
- Requests **must** be mailed to:

**IDHW – Criminal History Unit**  
**ATTN: CWIS**  
**P.O. Box 83720**  
**Boise, Idaho 83720**

### PERSON BEING CHECKED (PRINT CLEARLY OR TYPE):

IF THE FORM IS ILLEGIBLE OR INCOMPLETE, IT WILL BE REJECTED AND RETURNED

|                                |                         |
|--------------------------------|-------------------------|
| LAST NAME:                     | FIRST NAME:             |
| MAIDEN/FORMER NAME(S)/ALIASES: |                         |
| DATE OF BIRTH:                 | SOCIAL SECURITY NUMBER: |

### AGENCY INFORMATION:

IF THIS REQUEST IS FOR A CITY DAYCARE LICENSE, LIST THE CITY NAME AS THE LICENSING AGENCY IN THE SECTION BELOW

|                                 |
|---------------------------------|
| LICENSING AGENCY/EMPLOYER NAME: |
|---------------------------------|

### RETURN RESULTS TO:

IF AN EMAIL ADDRESS IS PROVIDED, THAT WILL BE THE DEFAULT RETURN PROCESS

|                 |             |
|-----------------|-------------|
| NAME:           |             |
| STREET/PO BOX:  | EMAIL:      |
| CITY/STATE/ZIP: | FAX NUMBER: |

### REASON FOR REQUEST:

SELECT THE REASON TO SEARCH THE IDAHO CHILD PROTECTION REGISTRY. IF THE REASON FOR THE REQUEST IS NOT LISTED, SELECT "OTHER"  
AND SPECIFY THE LAW/ORDINANCE REQUIRING THE CHECK TO BE COMPLETED.

Foster Care/Adoption/ICPC (Adam Walsh Act 42 USC 16961 Section 152)

Child Care Employment (CCDBG)

Guardian ad Litem/Court Appointed Special Advocate

Other (**must specify law/ordinance**):  
Supervised Access Provider or Parenting Coordinator  
I.C.A.R. 47; I.C. 32-717(e) and I.C.32-717(d)



## AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY

### IMPORTANT:

**THIS REQUEST CANNOT BE PROCESSED WITHOUT THE NOTARIZED SIGNATURE OF THE PERSON BEING CHECKED**

I authorize and direct the Idaho Department of Health and Welfare Criminal History Unit to release the results of this search of the Child Abuse and Neglect Central Registry to the agency above.

I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will effect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing.

**THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.**

PRINT NAME:

SIGN (PARENT/GUARDIAN IF UNDER 18):

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN (OR AFFIRMED) BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC SIGNATURE \_\_\_\_\_

MY COMMISSION EXPIRES ON \_\_\_\_\_

SEAL

### RESULTS:

#### TO BE COMPLETED BY IDHW STAFF ONLY

THE ABOVE NAMED INDIVIDUAL **IS NOT** LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.

THE ABOVE NAMED INDIVIDUAL **IS** LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.

UNABLE TO PROCESS DUE TO:

INCOMPLETE FORM

PAYMENT NOT INCLUDED

ILLEGIBLE – UNABLE TO READ INFORMATION ON FORM

OTHER:

#### COMPLETED BY: (IDHW STAFF ONLY)

SIGNATURE:

DATE:



# Idaho State Police

## Bureau of Criminal Identification



### NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from \_\_\_\_\_ that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)

If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website. [http://www.isp.idaho.gov/BCI/documents/CRBrochure1\\_000.pdf](http://www.isp.idaho.gov/BCI/documents/CRBrochure1_000.pdf)

*Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes.*

I do ☐ do not ☐ want a copy of the Privacy Act Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Idaho State Police  
Bureau of Criminal Identification**



**Criminal History Record Checks  
Under the National Child Protection Act of 1993, as amended**

**WAIVER AGREEMENT AND STATEMENT FOR QUALIFIED ENTITIES TO REQUEST STATE AND FBI  
CRIMINAL HISTORY CHECKS**

**REGARDING:**

Applicant's name: \_\_\_\_\_

Applicant's current address: \_\_\_\_\_

Applicant's date of birth: \_\_\_\_\_ Applicant's social security number: \_\_\_\_\_

I hereby authorize (Name of Qualified Entity) \_\_\_\_\_  
to submit a set of my fingerprints to the Idaho State Police, Bureau of Criminal Identification, for the purpose of  
accessing and reviewing Idaho and national criminal history records that may pertain to me.

Check appropriate box: I have ☐ OR have not ☐ been convicted of a crime.

If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below:

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

I understand that, until the criminal history background check is completed, the Qualified Entity may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, the Qualified Entity will provide me a copy of the criminal history background report, if any, they receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report;

I may obtain a prompt determination as to the validity of my challenge before the Qualified Entity makes a final decision about my status as an employee, volunteer, contractor, or subcontractor.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

\_\_\_\_\_  
Signature of Prospective Employee, Volunteer, Contractor, Subcontractor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness to Signature

\_\_\_\_\_  
Date