

**APPLICATION FOR APPROVAL AS A PROFESSIONAL SUPERVISED  
ACCESS TO CHILDREN PROVIDER  
Under Rule 1003, Idaho Rules of Family Law Procedure**

The information furnished below will be used to correspond with you

NAME \_\_\_\_\_

Organization \_\_\_\_\_

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

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Extension \_\_\_\_\_ FAX: \_\_\_\_\_

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

I am licensed or certified as a \_\_\_\_\_ by the state of \_\_\_\_\_  
(Attach a copy of current professional license or certificate)

[ ] No, I am not licensed or certified.

I am applying to be a paid professional supervised access to children provider. I agree to comply with the requirements listed in Idaho Rules of Family Law Procedure (I.R.F.L.P.) Rule 1003, including but not limited to sections (k) Conflict of Interest: Professional Providers; (l) Maintenance and Disclosure of Records; and (q) Additional Responsibilities of Professional Providers.

*All applicants must complete the following:*

- I have read and am familiar with I.R.F.L.P. 1003: Supervised Access to Child.
- I certify that I do not have criminal charges, convictions or warrants pending against me and that I am not on probation or parole in this state or any other state.
- I meet the qualifications of a professional provider as detailed in I.R.F.L.P. 1003(f), Qualifications of Providers.
- I agree to follow the terms and conditions detailing the manner in which supervised access is to be provided under I.R.F.L.P. 1003.
- I agree to abide by the safety and security procedures as outlined in I.R.F.L.P. 1003. Prior to providing services, I will establish written emergency and assistance protocols and procedures, if possible with the assistance of law enforcement, and inform the parties of these procedures prior to the commencement of supervised access.
- I agree to monitor conditions to reasonably ensure the health, safety and welfare of the child(ren) while providing supervised access and exchange services.
- I agree to insure that all contact between the child(ren) and the supervised party is within my hearing and sight and that discussions are audible to me as the provider.
- I agree to consider the appropriate ratio of children to provider factors listed in I.R.F.L.P. 1003(i).

- I will comply with the requirements detailed in I.R.F.L.P. 1003 (n) Delineation of Terms and Conditions; (o) Safety Considerations for Cases involving Sexual Abuse; and (p) Responsibilities and Obligations of a Provider.
- I agree to the terms outlined in I.R.F.L.P. 1003 (r) Discharge of the Supervisor; (s) Temporary Suspension or Termination of Supervised Access.
- I have participated in a minimum of 13 hours of training in supervised access encompassing all of the requirements as detailed in I.R.F.L.P. 1003 as evidenced by the attached certificate(s) of completion or other supporting documentation and the following information:

<u>Description of Course or Training</u>	<u>Contact Hours</u>	<u>Dates</u>	<u>Name of Entity Listed Below which Sponsored or Approved Training</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I will promptly notify the Family Court Services Manager in my district regarding any change concerning my status or other information I have provided in this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit this Application to the Family Court Services Manager in your district, along with the following documentation:

- Copy of current professional license or certificate, if any.
- Copies of certificates of completion or other supporting documentation as required above.

**As the Family Court Services Manager for the \_\_\_\_\_ Judicial District, I have reviewed and approved this application.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Application for Approval as a Professional Supervised Access Provider under I.R.F.L.P. 1003**

### **Affidavit of Compliance**

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

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

I am the applicant who has signed the attached Application for Approval as a Professional Supervised Access to Child Provider under Idaho Rules of Family Law Procedure 1003: Supervised Access to Child. By signing the Application and this Affidavit, I certify that I have fulfilled the requirements for being designated as a Professional Supervised Access to Children Provider.

I fully realize that the determination as to whether I am placed on the District court's list of Supervised Access Providers depends on the truth and completeness of my answers set forth in the application, my criminal history check, and any addenda that are attached. To my knowledge, the answers and information, which I have supplied in connection with the Application and criminal history check, are true and complete.

I have read and understand the contents of Rule 1003, Idaho Rules of Family Law Procedure, relating to Supervised Access Providers in child custody and visitation disputes, and I will provide this service to which I am appointed in conformance with the rules.

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

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

(Seal)

Signature \_\_\_\_\_

Residing at \_\_\_\_\_

My Commissions Expires \_\_\_\_\_

Thank you for your interest in serving as a Parenting Coordinator or Supervised Access Provider. This document is designed to answer the most common questions regarding the forms and fees required to complete the mandatory criminal history background check.

Please complete the following (single-sided originals):

- Two (2) completed **rolled fingerprint cards** (please use the cards the Court sends you to ensure the appropriate codes are noted.)  
  
**Include a check or money order in the amount of \$33.25 payable to the “Idaho Supreme Court” for fingerprint processing.**
- Completed **Self-Declaration & Authorization for Criminal History Check**.
- Photocopy of **driver’s license or other government-issued form of identification**.
- **Authorization and Consent to Release Information from the Idaho Child Abuse and Neglect Central Registry**, signed on **both pages** in the presence of a **NOTARY**.  
  
**Include a check or money order in the amount of \$20.00 payable to “IDHW” for registry processing.**
- **Idaho State Police, Bureau of Criminal Identification, Non-Criminal Justice Applicant Privacy Statement**, signed and dated.

Please return your fingerprint cards, checks or money orders, and the completed documents (single-sided originals) to:

Idaho Supreme Court  
Attn: Background Check Coordinator  
P.O. Box 83720  
Boise, Idaho 83720-0101

### Fingerprint Card Instructions

To request fingerprint cards with instructions to assist you in completing them, email [AOCFingerprint@idcourts.net](mailto:AOCFingerprint@idcourts.net).

All fields on the fingerprint cards must be completed and the cards signed by the applicant, **prior to being fingerprinted**. In order for the criminal records check to be processed, the correct ORI (receiving agency designation) must be on the fingerprint cards. The cards provided to you by the Idaho Supreme Court (Court) have the correct ORI. If you use blank fingerprint cards, please make sure you add the correct ORI to the cards. All supporting documentation must accompany the fingerprint cards. Idaho State Police (ISP) requires that the fingerprint cards and supporting documentation listed above is complete prior to processing the criminal history check. The Court cannot fill in missing information, so your packet will be returned if incomplete, resulting in a processing delay. Criminal history checks usually take between four and six weeks to complete.

### Rolling Prints

If you live outside of Ada County, you may contact your local sheriff's office to arrange for fingerprinting. Please contact ISP at (208) 884-7130 for a list of agencies in your area that provide fingerprinting. Your local law enforcement agency may charge you up to \$10.00 to roll fingerprints. If you live in Ada County, please contact ISP at (208) 884-7130 to make arrangements with them to roll your fingerprints. Please be advised that if some or all of the prints are dark, smudged or otherwise unclear, the FBI may return the fingerprint cards with a request that the prints be re-rolled. This may result in an additional cost and delay in processing.

### Application and Privacy Statement

The first three pages of the application should be filled out online and when completed, the entire packet printed single-sided. The application may also be handwritten. It is important to include all known aliases, including maiden name, where applicable. The Self-Declaration & Authorization for Criminal History Check must be signed and dated. Read and sign the ISP Noncriminal Justice Applicant Privacy Statement. Send the original packet (not a copy), including privacy statement, with your fingerprint card paperclipped at the top.

### Sex Offender Registry

In accordance with [Idaho Court Administrative Rule 47](#), Court staff will check the Sex Offender Registry as part of the criminal history check.

### Updating Criminal History Checks

Idaho Court Administrative Rule 47 requires a criminal history check at least every five (5) years. The Court attempts to notify service providers of due dates. However, the anniversary due date for the criminal history check is the individual service provider's responsibility, as is

remaining in compliance with Idaho Court Rules and Idaho Statutes and ensuring that criminal history checks are updated timely.

**If you have any questions or need additional information regarding fingerprints or criminal background check paperwork, please contact [AOCFingerprint@idcourts.net](mailto:AOCFingerprint@idcourts.net) or phone (208) 947-7456.**

# SELF-DECLARATION AND AUTHORIZATION FOR CRIMINAL HISTORY CHECK

(I.C.A.R. 47)

Is this a **RENEWAL** application?  Yes  No

## FOR OFFICE USE ONLY

Date Received:

Action Log:

Cleared:

HIT:

FBI Reject 1:

FBI Reject 2:

Exemption:

Denied:

Last Name (Please print legibly)

First Name

Middle Name

List Former Names(s) (Maiden, a.k.a., etc.)

Street Address

City

State

Zip

Daytime Telephone Number

Date of Birth

Email Address (Will be used for primary communication)

Social Security Number

Place of Birth – City & State (or Country\*)

Other Countries of Residence

Sex

Race

Height

Weight

Hair Color

Eye Color

Driver's License (DL) Number

DL State

Include a copy of a valid identification document, such as a driver's license, identification card, or passport, issued by a governmental entity.

*\*If you were born outside of the US, please provide documentation proving age at immigration to US, such as a copy of a Permanent Resident Card. If immigration occurred after the age of 18, or you have resided outside the US, please contact the Background Check Coordinator at [AOCFingerprint@idcourts.net](mailto:AOCFingerprint@idcourts.net) for further guidance.*

I am applying as a:  GAL-Volunteer  GAL-Board Member  GAL-Staff/Employee

(Please check one)  Supervised Access Provider  Parenting Coordinator  Family Court District Manager  
 DV Evaluator  DV Court Coordinator

Judicial District:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>

(Please check one)

If you answer YES to questions 1 through 6, or NO to question 7, you **must provide an explanation** of each item. Please include the date, location, crime/incident, and action. If necessary, please attach additional pages.

1) Have you ever been charged with a crime or arrested in Idaho or any other state?  Yes  No

If yes, please include the date, location, crime/incident, action, and explanation:

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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 judgment 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

If yes, please include the date, location, crime/incident, action, and explanation:

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3) Do you have criminal charges or warrants pending against you, or are you on probation or parole in Idaho or any other state?  Yes  No

If yes, please explain: \_\_\_\_\_

4) Have you ever had a criminal, civil, or juvenile protection, no contact, or restraining order filed against you?  Yes  No

If yes, please explain: \_\_\_\_\_

5) Have you ever been found to have committed abuse or neglect in a child protection case or adult protection case or have you ever appeared on either the child abuse registry or adult protection registry?  Yes  No

If yes, please explain: \_\_\_\_\_

6) Has your driver's license ever been suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

7) Do you have a valid driver's license today?  Yes  No

If no, please explain: \_\_\_\_\_

**If this is a renewal, also answer questions 8-10 in this section.**

#### **RENEWALS ONLY**

8) When were you last cleared by the Idaho Supreme Court? \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

9) Have you resided in other states or countries since then?  Yes  No

If yes, please list: \_\_\_\_\_

10) Were you issued a Conditional Denial previously?  Yes  No

If yes, did you go through the Exemption Review Hearing process?  Yes  No

If yes, were you granted an Exemption (cleared)?  Yes  No

If yes, in which year? \_\_\_\_\_

#### **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.

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Typed/Printed Name

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Applicant's Signature

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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 Idaho Supreme Court 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 update 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 the attorney general has approved.

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). 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. Fingerprints will be searched against all available fingerprints retained in the NGI system. 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. Idaho does not retain non-police applicant fingerprints, and those prints are not retained at the FBI for future comparisons against submitted fingerprint requests at the time of the applicant's submission.

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 can be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-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 <https://isp.idaho.gov/bci/criminal-history/>

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

700 South Stratford Drive, Suite 120 • Meridian, Idaho 83642-6251

EQUAL OPPORTUNITY EMPLOYER

Revised 08/08/25



**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) Administrative Office of the Courts - Idaho Supreme Court 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:

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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.

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Signature of Prospective Employee, Volunteer, Contractor, Subcontractor

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Date

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Witness to Signature

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Date



## 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 – Background Check 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:

The Administrative Office of the Courts - Idaho Supreme Court

#### RETURN RESULTS TO:

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

NAME: The Administrative Office of the Courts - Idaho Supreme Court

STREET/PO BOX: PO Box 83720

EMAIL: AOCfingerprint@idcourts.net

CITY/STATE/ZIP: Boise, ID 83720-0101

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**): Parenting Coordinator or Supervised Access Provider  
I.C. § 32-717D, I.C. § 32-717E; I.C.A.R. 47



## 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 Background Check 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):
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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 <u>IS NOT</u> LISTED ON THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY.
	THE ABOVE NAMED INDIVIDUAL <u>IS</u> 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:
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