



Request for Adult Criminal History Information

ID Billing Number

Please type or print all information

SUBJECT of Request:

_____	_____	_____
Last Name	First Name	Middle Initial
_____	_____	_____
Date of Birth	Sex	Race

Requesting **AGENCY**
- or -
 Requesting **INDIVIDUAL**

Salk Elementary School
Name

Mailing Address (where this response will be sent – if mailed)
3001 W. 77th Ave

219-650-5304
Daytime Phone Number

Merrillville, IN 46410

ATTN: Karin Brown

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 if request is in person.

NO COST

- * Has applied for a limited criminal history on himself/herself.
- 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. Is a candidate for public office or a public official.
- 4. Is in the process of being apprehended by a law enforcement agency.
- 5. Is placed under arrest for the alleged commission of a crime.
- 6. Has charged that his rights have been abused repeatedly by criminal justice agencies.
- 7. Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation.
- 8. 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 not-for-profit corporation.
- 9. Is being investigated for welfare fraud by an investigator of the Division of Family and Children or a county office of family and children.
- 10. Is being sought by the parent locator service of the child support bureau of the division of family and children: or
- 11. Has been convicted of any of the following:
 - A. Rape (IC 35-42-4-1) or, Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
 - B. Child molesting (IC 35-42-4-3).
 - C. Child exploitation (IC 35-42-4-4 (b)).
 - D. Possession of child pornography (IC 35-42-4-4 (c)).
 - E. Vicarious sexual gratification (IC 35-42-4-5).
 - F. Child solicitation (IC 35-42-4-6).
 - G. Child seduction (IC 35-42-4-7).
 - H. Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.

NO-FEE AND FULL CRIMINAL HISTORY REQUEST CONTINUED ON NEXT PAGE

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

PER IC 5-2-5-13

- A. Prospective adult volunteer for children (Copy of non-profit status enclosed).
- 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.

The cost is \$10.00
 Check here for this request.
NO COST
FULL CRIMINAL HISTORY

Any individual requesting a full criminal history on themselves only, may obtain the information two (2) different ways.

1. Come to the address listed below.
 - a. Must show picture ID, or social security card and birth certificate.
 - b. \$10.00 cash or money order
2. When requested by mail – you must 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 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 5-2-5-5: 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.

Signature of Requester

Date

Cash will be accepted only if request is in person; otherwise make all checks payable to:
STATE OF INDIANA

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