



APPLICATION FOR RECORD REVIEW PROCESSING FEE WAIVER CLAIM AND PROOF OF INDIGENCE

APPLICANT INFORMATION

Full Name: _____

Street or Mailing Address: _____

City, State, Zip Code: _____

PROOF OF INDIGENCE

As mandated by Penal Code section 11123, an individual may request a waiver of the record review processing fee. Any request for a fee waiver must include a claim and proof of indigence. Please check one of the three (3) following options to indicate how you are confirming your claim of indigence.

I receive government assistance and have attached a copy of my documentation.
Examples of governmental assistance include, but are not limited to, Supplemental Security Income (SSI), California Work Opportunity and Responsibility to Kids (CalWORKs) program, unemployment benefits, or disability insurance.

I am currently incarcerated in a local, state, or federal correctional institution/facility.
Institution/facility name: _____
Institution/inmate number: _____

I am indigent based on my annual income and the number of people in my household.

As shown in the table below, based on the number of people in your household, if your income is at or below 138% of the annual Federal Poverty Guidelines, you may certify your status as indigent.

Family Size	Annual Income*	Family Size	Annual Income*	Family Size	Annual Income*	<i>If you have more than 12 people in your household, please add \$5,741 for each extra person.</i>
1	\$16,395	5	\$39,248	9	\$62,169	
2	\$22,108	6	\$44,962	10	\$67,910	
3	\$27,821	7	\$50,688	11	\$73,651	
4	\$33,534	8	\$56,429	12	\$79,392	

* Annual Federal Poverty Level published in the Federal Register on January 25, 2016.

Upon completion of this Application for Record Review Processing Fee Waiver Claim and Proof of Indigence, mail it to:

California Department of Justice
Bureau of Criminal Information and Analysis
Record Review Unit
PO Box 903417
Sacramento, CA 94203-4170

Forms not completely filled out cannot be processed by the DOJ and therefore an attempt will be made to return the form to the sender. If you have any questions regarding this form or the record review process, please contact the Record Review Unit via email at recordreview@doj.ca.gov.

DECLARATION

I, the undersigned, declare that I am unable to pay the fee to obtain a copy of my California state summary criminal history record without impairing my obligation to meet the common necessities of life. I declare, under the penalty of perjury, that the forgoing is true and correct.

X _____
Signature



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Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the California Department of Justice collects the information requested on this form as authorized by Penal Code section 11123. The CJIS Division uses this information to process an applicant's request for waiver of fees required when an applicant desires a copy of their own state summary criminal history information. The Department of Justice's general privacy policy is available at: <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the CJIS Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process an applicant's request for waiver of fees, we may need to share the information you give us with other government agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law;

Contact Information. For questions about this notice or access to your records, you may contact the Record Review Unit manager by phone at (916) 227-3835, by email at recordreview@doj.ca.gov, or via mail at:

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Bureau of Criminal Information and Analysis
Record Review Unit
PO Box 903417
Sacramento, CA 94203-4170