

MONROE COUNTY SHERIFF'S OFFICE
REQUEST FOR ADULT CRIMINAL HISTORY

Please type or print all information

1. Requesting Individual:

Name: _____ Phone _____

Street address: _____

City: _____ State _____ Zip: _____

Date of birth: _____ Sex: _____ Race: _____ SSN: _____

2. (Please check the appropriate line) The reason for the request is that this individual:

- A. Has applied for employment with a non-criminal justice organization or individual;
- B. Has applied for a license and has provided criminal data as required by law to be provided in connection with the license;
- C. Is a public official or a candidate for public office;
- D. Is in the process of being apprehended by a law enforcement agency;
- E. Is under arrest for the alleged commission of a crime;
- F. Has charged his/her rights have been abused repeatedly by criminal justice agencies;
- G. Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing or probation;
- H. Has volunteered services involving contact with, care of, or supervision over a child placed, matched or monitored by a social services or nonprofit agency;
- I. Is residing in a location designated by the Department of Child Services or by juvenile court as an out-of-home placement for a child at the time the child will reside in the location;
- J. Has volunteered services at a public school (as defined in IC 20-18-2-15) or non-public school (as defined in IC 20-18-2-12) involving contact with, care of, or supervision over a student enrolled in the school;
- K. Is being investigated for welfare fraud by the state or county office of the Division of Family and Children;
- L. Is being sought by the parent locator service of the child support bureau of the Division of Family and Children;
- M. Is or was required to register as a sex and violent offender under IC 11-8-8; or
- N. Has been convicted under any of the following:
 - Rape (IC 35-42-4-1), if the victim is less than 18 years of age;
 - Criminal deviate conduct (IC 35-42-4-2), if the victim is less than 18 years of age;
 - Child molest (IC 35-42-4-3);
 - Child exploitation (IC 35-42-4-4b);
 - Possession of child pornography (IC 35-42-4-4c);
 - Vicarious sexual gratification (IC 35-42-4-5);
 - Child solicitation (IC 35-42-4-6);
 - Child seduction (IC 35-42-4-7);
 - Sexual misconduct with a minor as a felony (IC 35-42-4-9); or
 - Incest (IC 35-46-1-3), if the victim is less than 18 years of age
- O. Is seeking access to a secure law enforcement facility (i.e. a jail) and is required to have his/her criminal history checked before access will be allowed (note: this release of data to the Monroe County Sheriff's Department is allowed by IC 10-13-10-26).

3. An organization making a request under IC 10-13-3-36 must include proof of its not-for-profit status. A copy of the "Certificate of Good Standing," issued by the Secretary of State's office, will suffice. **Please check the appropriate line if requesting the report at no charge under the provisions set forth in IC 10-13-3-36:**

Yes _____ No _____

WARNING: PENALTY FOR MISUSE OF INFORMATION

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. Under IC 10-13-3-27, any person who uses limited criminal history for any purpose not specified in the request commits a Class A Misdemeanor offense.

I affirm, under the penalty of perjury, that I am authorizing the limited criminal history information requested for the reason indicated in the preceding section 2.

Printed name of requester: _____

Signature of requester: _____

Date: _____ . **NOTE: A copy of the DRIVERS LICENSE must accompany this form.**

OFFICE USE ONLY

COURT RECORD: ___ YES ___ NO If yes, details: _____

*If lengthy court record, a copy of the court docket will be attached.

Indiana Sex Offender Registry: ___ YES ___ NO If yes, details: _____

No record on file

Record inspected

Record released

Fee: _____ Employee: _____ Date: _____ (SEAL)