

# MONROE CO. SHERIFF'S OFFICE REQUEST FOR ADULT CRIMINAL HISTORY

Please print clearly.

Requesting Individual:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_ SSN: \_\_\_\_\_

PREVIOUS NAMES: *Formerly used, maiden, etc* \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_  
*(street) (city) (state)*

EMAIL: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

- \_\_\_ 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. Employment with a state or local governmental entity;
- \_\_\_ 4. Is a candidate for public office or a public official;
- \_\_\_ 5. Is in the process of being apprehended by a law enforcement agency;
- \_\_\_ 6. Is placed under arrest for the alleged commission of a crime;
- \_\_\_ 7. Has charged that his rights have been abused repeatedly by criminal justice agencies;
- \_\_\_ 8. Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;
- \_\_\_ 9. 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 nonprofit corporation;
- \_\_\_ 10. Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10.1-1-2) or a non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;
- \_\_\_ 11. Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC 20-10.1-1-3), that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher IC 5-2-5-5;
- \_\_\_ 12. Is being investigated for welfare fraud by an investigator of the Division of Family and Children or a county office of family and children;
- \_\_\_ 13. Is being sought by the parent locator service of the Child Support Bureau of the Division of Family and Children;
- \_\_\_ 14. Is or was required to register as a sex and violent offender under IC 5-2-12;
- \_\_\_ 15. Has been convicted of any of the following:
  - (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
  - (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
  - (C) Child molesting (IC 35-42-4-3).
  - (D) Child exploitation (IC 35-42-4-4(b)).
  - (E) Possession of child pornography (IC 35-42-4-4(c)).
  - (F) Vicarious sexual gratification (IC 35-42-4-5).
  - (G) Child solicitation (IC 35-42-4-6).
  - (H) Child seduction (IC 35-42-4-7).
  - (I) Sexual misconduct with a minor as a Class A or Class B felony (IC 35-42-4-9).
  - (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.
- \_\_\_ 16. 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 Office is allowed by IC 10-13-3); or
- \_\_\_ 17. Other \_\_\_\_\_

SEE BACK FOR ADDITIONAL INFORMATION

**WARNING: PENALTY FOR MISUSE OF INFORMATION**

An 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.

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

Requester's Printed Name: \_\_\_\_\_

**\*\*Requester's Signature\*\***: \_\_\_\_\_

*( \*\* If applicable, sign in the presence of a Notary. See #2, below )*

Date signed: \_\_\_\_\_

***I authorize this information to be released to:*** \_\_\_\_\_

**\*\* READ BEFORE SUBMITTING THIS FORM \*\***

- 1. A copy of your driver's license must accompany this form.
- 2. If you submit this form via US Mail, Email or Fax, your signature must be notarized.
- 3. **\$7.00 fee is payable via:** exact cash, credit/debit card, money order or business check only. **NO PERSONAL CHECKS.**
- 4. Your records request may be delayed or rejected if you fail to fully complete this form / follow instructions.

**OFFICE USE ONLY**

COURT RECORD:  YES  NO If yes, details: \_\_\_\_\_

Indiana Sex Offender Registry:  YES  NO If yes, details: \_\_\_\_\_

No record on file                       Record inspected                       Record released

Fee: \_\_\_\_\_ Employee: \_\_\_\_\_ Date: \_\_\_\_\_ (SEAL)