

ID Billing Number  
Or Customer ID #

**PLEASE TYPE OR PRINT ALL INFORMATION.**

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W = White      B = Black  
U = Unknown      M = Multi Racial  
I = American Indian Alaskan  
A = Asian / Pacific Islander

7

Name (where this response will be sent)

City, State, ZIP Code

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.  
**Money orders will be accepted in person.**

- (Continued on page 2)

- (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.
- (K) Attempt under IC 35-41-5-1 to commit an offense listed in clauses (A) through (J).
- (L) Conspiracy under IC 35-41-5-2 to commit an offense listed in clauses (A) through (J).
- (M) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under clauses (A) through (J).

**A Subject**

(16) ☐ is identified as a possible perpetrator of child abuse or neglect in an assessment conducted by the department of child services under IC 31-33-8; or

(17) ☐ is:

- (A) a parent, guardian or custodian of a child; or
- (B) an individual who is at least eighteen (18) years of age and resides in the home of the parent, guardian or custodian; with whom the department of child services or a county probation department has a case plan, dispositional decree, or permanency plan approved under IC 31-34 or IC 31-37 that provides for reunification following an out-of-home placement.

**REASON FOR NO FEE REQUEST**

**Before checking any box below read the defined Indiana Code IC 10-13-3-36**

- A. ☐ Has been in existence for ten (10) years and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
- B. ☐ Home Health Agency (Copy of license must accompany this request).
- C. ☐ Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29. (Copy of CARF Certificate must be submitted with this request).
- D. ☐ Is a supervised group living facility licensed under IC 12-28-5.
- E. ☐ An area agency on aging designated under IC 12-10-1.
- F. ☐ Community action agency (as defined in IC 12-14-23-2).
- G. ☐ Owner operator of a hospice program licensed under IC 16-25-3.
- H. ☐ Community mental health center (as defined in IC-7-2-38).
- I. ☐ Department of Child Services (as defined in IC 1-13-3-27-5).
- J. ☐ Is a School Corporation, Special Education Cooperative, or Nonpublic School (as defined in IC 20-18-2-12).
- K. ☐
  - (1) The church or religious society is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code;
  - (2) The request is made as part of a background investigation of a prospective or current adult volunteer; and
  - (3) The employee or volunteer works in a nonprofit program or ministry of the church or religious society, including a child care ministry registered under IC 12-17.2-6.

**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 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 penalty of perjury, that the Limited Criminal History Information requested will be used as specified.**

Terry A. Mucha  
PRINT Name of Requester

Terry A. Mucha  
Signature of Requester

6/25/2019  
Date (month, day, year)

**We accept certified checks and money orders in person only. "NO" personal checks.**

All checks made payable to the **STATE OF INDIANA**.

Mail request to:

Indiana State Police, Criminal History Limited Check

P.O. Box 6188

Indianapolis, Indiana 46206-6188