Please	provide a copy of your di	river's license and send completed fo	rm to your student's school.	
* This	ngency is requesting disclosure of your Social	Indiana State Police Criminal History Information Limited Criminal History & Fee Exemption 317-233-5424 www.IN.gov/ISP Security Number in accordance with IC 4-1-8-1; disclosure is volu SE TYPE OR PRINT ALL INFORMA		
RECORD CHECK ON: PLEASE PRINT CLEARLY				
Last Name				
[Social Security Number*		ce of Birth	
Date	of Birth MM / DD / YYYY	F = Female $I = Am$	Thite B = Black hknown M = Multi Racial herican Indian Alaskan ian / Pacific Islander Race	
REASC	ON FOR SEARCH		response will be sent)	
Field	Trip	School Corporation Mailing Address (number and street)		
	nteer at School		8260 Wicker Ave.	
	doption, Employment, g (type), etc.	City, State, ZIP Code	St. John, IN 46373	
Daytime Telephone Number ATTENTION:				
	XXX ^{The} XoX ix Centified che	iXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXX	
 Has applied for employment with a non-criminal justice organization or individual; Has applied for a license or is maintaining a license; and has provided criminal history data as required by law to be provided in connection with the license. Employment with a state or local governmental entity. 				
(4)	Is a candidate for public of	fice or a public official;		
(5) (6)	 Is in the process of being apprehended by a law enforcement agency; Is placed under arrest for the alleged commission of a crime; 			
(7) (8)	 Has charged that his rights have been abused repeatedly by criminal justice agencies; Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation; 			
(9)				
(10)	Is employed by an entity th non-public school (as defin	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		
(11)	Has volunteered services at	contact with school children within the scope of the subject's employment; 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		
(12)		Is being investigated for welfare fraud by an investigator of the Division of Family Resources, or a county office of		
(13)	Is being sought by the parent	the Division of Family Resources; Is being sought by the parent locator service of the Child Support Bureau of the Division of Family Resources;		
(14) (15)	 Has been convicted of any (A) Rape (IC 35-42-4-1) (B) Criminal deviate con 			

- Possession of child pornography (IC 35-42-4-4(c). (E)
- (F) Vicarious sexual gratification (IC 35-42-4-5).
- Child solicitation (IC 35-42-4-6). (G)
- Child seduction (IC 35-42-4-7). (H)
- (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).
- Conspiracy under IC 35-41-5-2 to commit an offense listed in clauses (A) through (J). (L)
- An offense in any other jurisdiction in which the elements of the offense for which the conviction (M)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

- Has been in existence for ten (10) years and has a primary purpose of providing an individual relationship Α. 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)
- Home Health Agency (Copy of license must accompany this request). В.
- C. \square 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.
 - Χ 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.

PRINT Name of Requeste

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

State Form 8053 (R11 / 4-14) Approved by State Board of Accounts, 2014

of Requester

Stock #575