Please be sure to include phone number

and signature on top portion of form.



(Continued on page 2)

Indiana State Police

Criminal History Information

Limited Criminal History & Fee Exemption 317-233-5424

ID Billing Number Or Customer ID#

www.IN.gov/ISP
* This agency is requesting disclosure of your Social Security Number in accordance with 1C 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

PLEASE TYPE OR PRINT ALL INFORMATION.

	REC	OR	D CHECK ON: Last Name			I I	irst Name		M.I		
	[Х		X			Piace of Bi	rth			
	Date	of E	Sirth MM/DD/YYYY	M = Male F = Female	Sex		W = White U = Unknown 1 = American Ind A= Asian / Pacifi		Race		
	Schoo	ol Ve	FOR SEARCH clunteer lion, Employment, be), etc.	Name (where this response will be sent) Southwestern CSD of Shelby County Mailing Address (number and street) 3406 W 600 S City, State, ZIP Code Shelbyville, IN 46176							
→	(Daytin) ie T	elephone Number	Signature:							
	Limited Criminal History Information – Reason for Request Mark an "X" in one box below for this request.										
	 (1) Has applied for employment with a non-criminal justice organization or individual; (2) Has applied for a license or is maintaining a license; and has provided criminal history data as required by law to 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 								ed by law to be		
									g, sentencing,		
or probation; (9) Has volunteered services that involve contact with, care of, or supervision over a child who is being						ld who is being p	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 20-16 non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct contact with school children within the scope of the subject's employment;										
(11) A Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public 20-10.1-1-3) that involve contact with, care of, or supervision over a student enrolled in IC 5-2-5-5.						blic school (as de in the school; S	efined in IC itudent Teacher				
	(12) (13) (14) (15)	 (12)									
			 (B) Criminal deviate cond (C) Child molesting (IC 3 (D) Child exploitation (IC 	5-42-4-3),	, it tile vici	um 18 1688 tn	an eignieen (1	o) years or age,			

Signa	ture of	Requester	Date (month, day, year)				
PRIN	T Nam	e of Requester	- 				
I affirm specifie	-	penalty of perjury, that the Limited Criminal His	tory Information requested will be used as				
stated in	the reque	stice organization or individual receiving a limited criminal est or which deny the subject any civil right to which the sul istory for any purpose not specified in the request commits	bject is entitled. IC 10-13-3-27: Any person who uses				
		WARNING PENALTY FO					
	an (3) The	nd e employee or volunteer works in a nonprofit program o cluding a child care ministry registered under IC 12-17.2	r ministry of the church or religious society, 2-6.				
I. ⊠	(1) The Se	hool Corporation, Special Education Cooperative, or No e church or religious society is a religious organization e ection 501 of the Internal Revenue Code; e request is made as part of a background investigation o	exempt from federal income taxation under				
H.	Depart	unity mental health center (as defined in IC-7-2-38), ment of Child Services (as defined in IC 1-13-3-27-5).	4 10 4 4 4 4 7 4 7 7 7 7 7 7 7 7 7 7 7 7 7				
F. G.	Comm	unity action agency (as defined in IC 12-14-23-2). operator of a hospice program licensed under IC 16-25	-3,				
D.	Is a su	pervised group living facility licensed under IC 12-28-5 a agency on aging designated under IC 12-10-1.					
c. 📙	 Home Health Agency (Copy of license must accompany this request). Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29. (Copy of CARF Certificate must be submitted with this request). 						
р ∏	prospe	ctive adult volunteer for the organizations; (i.e. Big Bro	thers & Big Sisters)				
A. 📙	Has be	ting any box below read the defined Indiana Code IC en in existence for ten (10) years and has a primary pur hild with an adult volunteer, if the request is made as pa	pose of providing an individual relationship				
		REASON FOR NO FEE R	EQUEST				
_	(B) a c d	parent, guardian or custodian of a child; or n individual who is at least eighteen (18) years of age ar ustodian; with whom the department of child services or ispositional decree, or permanency plan approved under eunification following an out-of-home placement.	r a county probation department has a case plan,				
(17)	is:						
	🗌 is ide	entified as a possible perpetrator of child abuse or neglect services under IC 31-33-8; or	et in an assessment conducted by the department of				
A Subje		was entered are substantially similar to the elements of through (J).					
	(K) (L) (M)	Conspiracy under IC 35-41-5-2 to commit an offense An offense in any other jurisdiction in which the elem	listed in clauses (A) through (J).				
	(J)	Incest (IC 35-46-1-3), if the victim is less than eighter Attempt under IC 35-41-5-1 to commit an offense list	en (18) years of age.				
	(H) (I)	Child seduction (IC 35-42-4-7). Sexual misconduct with a minor as a Class A or Class	s R felony (IC 35-42-4-9)				
	(F) (G)	Vicarious sexual gratification (IC 35-42-4-5). Child solicitation (IC 35-42-4-6).					
	(E)	Possession of child pornography (IC 35-42-4-4(c).					