



**Indiana State Police**  
**Criminal History Information**  
 Limited Criminal History  
 & Fee Exemption  
 317-233-5424  
 www.IN.gov/ISP

ID Billing Number Or Customer ID #
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\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1, disclosure is voluntary and you will not be penalized for refusal

**PLEASE TYPE OR PRINT ALL INFORMATION.**

**RECORD CHECK ON:**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Last Name**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**First Name**

**M.I.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Social Security Number\***

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Place of Birth**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**Date of Birth MM/DD/YYYY**

M = Male  
F = Female

<input type="checkbox"/>
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**Sex**

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

<input type="checkbox"/>
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**Race**

**REASON FOR SEARCH**

Private Adoption, Employment,  
Licensing (type), etc

( 812 ) 949-4200

**Daytime Telephone Number**

Name (where this response will be sent)

Mailing Address (number and street)  
2813 Grant Line Road

City, State, ZIP Code  
New Albany IN 47150

**ATTENTION: Human Resources**

**Limited Criminal History Information - Reason for Request**

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.

- (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 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 Resources, or a county office of the Division of Family Resources.
- (13)  Is being sought by the parent locator service of the Child Support Bureau of the Division of Family Resources.
- (14)  Is or was required to register as a sex and violent offender under IC 5-2-12, or
- (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)).

(Continued on page 2)