

APPLICATION FOR GUARDIAN AD LITEM PROGRAM

FOR OFFICE USE ONLY

Date Received:

Action Log:

Cleared:

FBI Reject 1:

Exemption:

HIT:

FBI Reject 2:

Denied:

Last Name

First Name

List Former Name(s) (Maiden, AKA, etc.)

List Former Name(s) (Maiden, AKA, etc.)

List Former Name(s) (Maiden, AKA, etc.)

List Former Name(s) (Maiden, AKA, etc.)

Street Address

City

State

Zip

Daytime telephone number

Date of Birth

Place of Birth - City and State

Social Security Number

Driver's License Number

<select>

<select>

Sex

Race

Height

Weight

<select>

Hair Color

<select>

Eye Color

Do you have valid car insurance?

Yes

No

I am applying as a Volunteer Board Member Employee Intern in the

1st 2nd 3rd 4th 5th 6th 7th Judicial District

If you answer YES to any one of questions 1 through 5, or NO to question 6 below, you will be asked to provide an explanation of each item. Please include the date, location, crime/incident, and action.

1. Do you have an arrest record in this or any other state? Yes No
2. Have you ever pled guilty or been convicted of a crime as an adult or juvenile? Check YES, even if the conviction was sealed or the judgement was withheld. (include traffic crimes, such as DUI, reckless driving, or driving without privileges, but do not include traffic infractions such as excessive speed.) Yes No
3. Do you have criminal charges or warrants pending against you or are you on probation or parole in this state or any other state? Yes No
4. Have you ever had a valid child or adult protection action filed against you? Yes No
5. Has your driver's license ever been suspended or revoked? Yes No
6. Do you have a valid driver's license today? Yes No

Click when Done with Page 1.

Reset Form

Print Form

Authorization to Investigate

I hereby authorize the Idaho Supreme Court (Court) to conduct a criminal history and background check on me. I understand that my fingerprints will be sent to the FBI for processing and I authorize the Court to gather information from any city, county, state, and/or federal law enforcement agencies, the Idaho Department of Health and Welfare, the Idaho Sex Offender Registry, and any other source deemed necessary by the Court. I release the Court from any and all liability and expense associated with this investigation.

Self-Declaration:

I swear/affirm that the information on this form is true and accurate to the best of my knowledge. My signature reflects my understanding that I am signing this document under oath under penalty of perjury. I understand that any fraud, misrepresentation, or omission in my answers may result in my disqualification or dismissal.

_____ Date

_____ Applicant's Signature

Notary

State of _____)

) ss.

County of _____)

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature

Residing at: _____

My commission expires: _____

Reset Form

Print Form



**AUTHORIZATION AND CONSENT TO RELEASE INFORMATION FROM
THE IDAHO CHILD ABUSE AND NEGLECT CENTRAL REGISTRY**

INSTRUCTIONS

- This form must be completed in its entirety.
- It must be signed by the person that is being checked, or, by their parent or guardian if the subject of the search is under the age of eighteen (18).
- The signature must be notarized.
- Include a check or money order in the amount of \$20.00 payable to: "Idaho Department of Health and Welfare" or "IDHW".
- Requests must be mailed to:

Idaho Department of Health and Welfare
Criminal History Unit
P. O. Box 83720
Boise ID 83720

PERSON BEING CHECKED: (PRINT CLEARLY or TYPE)

Full Name (Last, First):	Date of Birth:	Gender (M/F):
Maiden/Former Name/Aliases:	Social Security Number:	

RETURN RESULTS TO: (If an email address is provided, that will be the default return process)

Licensing Agency/Employer Name: The Administrative Office of the Idaho Supreme Court

Street/PO Box: PO Box 83720	Fax Number: (208) 947-7416
City/State/Zip: Boise, ID 83720-0101	Email Address: swendt@idcourts.net

REASON FOR REQUEST:

Select the reason for requesting an Idaho Child Protection Registry Check. If the reason for the request is not listed, select "Other" and specify the law/ordinance requiring the check to be completed.

Foster Care/Adoption/ICPC (Adam Walsh Act 42 USC 16961 Section 152)

Child Care Employment (CCDBG)

Guardian ad Litem/Court Appointed Special Advocate

Other (specify):



Authorization and Consent to Release Information From the Idaho Child Abuse and Neglect Central Registry

IMPORTANT:

This request cannot be processed without the notarized signature of the person being checked.

I authorize and direct the Idaho Department of Health and Welfare Criminal History Unit to release the results of this search of the Child Abuse and Neglect Central Registry to the agency above.

I understand that the results and information about me contained in the Child Abuse and Neglect Central Registry may prove to be unfavorable to me and that a history of substantiated child abuse or neglect will effect my ability to work with children or vulnerable adults. I further understand that this information may later be disclosed by the individual/organization listed above. I do hereby fully, finally and forever discharge, release, acquit, and hold harmless the Idaho Department of Health and Welfare, its officers, agents, employees, and staff from any and all claims, liens, demands, liability, suits, judgments, or actions of whatever kind, whether known or unknown, which I may have at any time associated with the release of information I have requested using this form. If it appears to me that the information in the Child Abuse and Neglect Central Registry has not been updated or appears inaccurate, I will notify the Idaho Department of Health and Welfare immediately. This authorization and consent shall be binding upon my heirs, representatives, executors, administrators, assigns, and successors and no promise, inducement or agreement not herein expressed has been made to me. The terms of this authorization and consent are contractual in nature and are not mere recitals. This is a continuing authorization and consent which shall remain effective until revoked by me in writing.

THE UNDERSIGNED HAVE READ THE FOREGOING AND FULLY UNDERSTAND IT.

Signature (or parent/guardian if under 18): _____

State of _____

County of _____

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20____.

Notary Public Signature _____

My Commission expires on _____

SEAL

RESULTS: (To be completed by IDHW Staff only)

<input type="checkbox"/>	The above named individual is not listed in Idaho's Child Abuse and Neglect Central Registry
<input type="checkbox"/>	The above named individual is listed in Idaho's Child Abuse and Neglect Central Registry
<input type="checkbox"/>	Unable to process due to:
	<input type="checkbox"/> Incomplete form
	<input type="checkbox"/> Payment not included
	<input type="checkbox"/> Illegible—unable to read information in form
	<input type="checkbox"/> Other:

COMPLETED BY: (IDHW Staff only)

Date:	Signature:	Document Number:
-------	------------	------------------



Idaho State Police

Bureau of Criminal Identification



NONCRIMINAL JUSTICE APPLICANT PRIVACY STATEMENT

As an applicant who is the subject of a national fingerprint-based criminal history record check for a non-criminal justice purpose you have certain rights which are discussed below.

This serves as notification from the Idaho Supreme Court that your fingerprints will be used to check the criminal history records of the State of Idaho and the FBI and that those records will be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency or other authorized entity. The collection of applicant fingerprints in Idaho is authorized by Idaho Code §67-3008.

- If you have a criminal history record, the officials making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- Procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record, or decline to do so, before being denied the job, license, or other benefit based on information in the criminal history record.
- Disclosure of your Social Security number is voluntary and is solicited pursuant to the Federal Privacy Act and Idaho Code §67-3012 to aid the processing of an interstate background check request for noncriminal justice purposes allowed by federal statute, federal executive order or a state statute that has been approved by the attorney general.

The fingerprints and information reported from this request may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(h)). Routine uses include, but are not limited to, disclosures to appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities or application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks. Depending on the nature of your application, other authorities may include numerous Federal or State statutes pursuant to Public Law 92-544 or other authorized authorities.

According to Idaho state law and if agency policy permits, you may be provided a copy of your FBI criminal history record for review and possible challenge upon submission of a written request. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <http://www.fbi.gov/about-us/cjis/background-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI at the same website address as provided above. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30-16.34)
If a change, correction or update needs to be made to an Idaho criminal history record, that process information is available on the Idaho State Police website.

http://www.isp.idaho.gov/identification/crime_history/FrequentlyAskedQuestions-CriminalRepository.html.

Your signature below acknowledges this agency has informed you of your privacy rights for fingerprint-based background check requests used by the agency for non-criminal justice purposes

I do do not want a copy of the Privacy Act Statement

Signature of Applicant

Date

700 S. Stratford Dr., Ste. 120
Meridian, ID 83642

Dec-11

Reset Form

Print Form



FIFTH JUDICIAL DISTRICT CASA PROGRAM

INSTRUCTIONS FOR COMPLETING APPLICANT FINGERPRINT CARD

*** Please print information on form below that will be typed onto card. After verifying card is correct, please sign before fingerprinting.**

(1) Last Name: _____ **(2) First Name:** _____

(3) Middle Name: _____

(4) Residence of person being fingerprinted: Complete number, street, state, & zip.

St Address: _____ **City:** _____ **ST:** _____ **ZIP:** _____

(5) Employer & Address: Print Employers name, street address, city, state, & zip.

Employer: _____ **St Address:** _____

City: _____ **ST:** _____ **ZIP:** _____

(6) Aliases AKA: List any and all alias names or nicknames, maiden name or other married name, if applicable:

(7) Citizenship CTZ: Indicate citizenship (Abbreviate 2 letters) _____

(8) Social Security No. SOC: _____

(9) Date of Birth DOB: Month: _____ **Day:** _____ **Year:** _____

(10) Sex SEX: Male (M) or Female (F) _____ **(11) Race:** (White=W, Black=B, Hispanic=H, American Indian or Alaskan Native=I, Asian or Pacific Islander=A, Other=O) _____

(12) HGT: height in feet and inches using all numerics (Example: 6' 01" = 601) _____

(13) WGT: Weight _____ **(14) EYES:** _____ **(15) HAIR:** _____

(16) Place of Birth POB: City: _____ **ST:** _____ **Country:** _____