Please be sure to include phone number

and signature on top portion of form.



Indiana State Police

Criminal History Information Limited Criminal History

Limited Criminal History & Fee Exemption 317-233-5424 www.IN.gov/ISP

ID	Billing Number
Or	Customer ID #

* 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.

			•	PLEAS	E TYPE OR P	RINTALL	INFORMATION.	
	REC	ORI	D CHECK ON:					
			Last Name				First Name	M,I
		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				Place of Birth		
	Date	of B	irth MM/DD/YY	(YY	M = Male F = Female	Sex	W = White B = Black U = Unknown M = Multi Racial I = American Indian Alaskan A= Asian / Pacific Islander	Race
REASON FOR SEARCH School Volunteer Private Adoption, Employment, Licensing (type), etc. Daytime Telephone Number Name Southwestern CSD of Shelby County Mailing Address (number and street) 3406 W 600 S City, State, ZIP Code Shelbyville, IN 46176 Signature:						t)		
	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)						ng, sentencing,	
	(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 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;							rect, ongoing
	(11) A 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 Tea							
	(12)	 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 the Division of Family Resources; 						
٠	(13) (14) (15)		Is being sought by th Is or was required to Has been convicted c (A) Rape (IC 35-4 (B) Criminal devi (C) Child molesti	e parent register of f any of 2-4-1), i ate cond ng (IC 3:	locator service of the same as sex and violenthe following; for the victim is less uct (IC 35-42-4-2)	t offender und than eighteen	port Bureau of the Division of Family fer IC 5-2-12; or a (18) years of age. is less than eighteen (18) years of age	

(Continued on page 2)

	(E) (F)	Possession of child pornography (IC 35-42-4-4(c). Vicarious sexual gratification (IC 35-42-4-5).	
	(G) (H)	Child solicitation (IC 35-42-4-6). Child seduction (IC 35-42-4-7).	
	(I)	Sexual misconduct with a minor as a Class A or Class	
	(J)	Incest (IC 35-46-1-3), if the victim is less than eighteen	
	(K) (L)	Attempt under IC 35-41-5-1 to commit an offense liste Conspiracy under IC 35-41-5-2 to commit an offense li	a in clauses (A) through (J).
	(M)	An offense in any other jurisdiction in which the eleme	ents of the offense for which the conviction
	` '	was entered are substantially similar to the elements of	
A Subj	ect	through (J).	
(16)	is ide	ntified as a possible perpetrator of child abuse or neglect services under IC 31-33-8; or	in an assessment conducted by the department of
(17)	☐ is:	nount grandles as australian of a shill as	
		parent, guardian or custodian of a child; or n individual who is at least eighteen (18) years of age and	resides in the home of the parent, guardian or
	c	ustodian; with whom the department of child services or	a county probation department has a case plan,
		ispositional decree, or permanency plan approved under	IC 31-34 or IC 31-37 that provides for
	re	eunification following an out-of-home placement.	
		REASON FOR NO FEE RE	QUEST
A, \square		ting any box below read the defined Indiana Code IC en in existence for ten (10) years and has a primary purpo	
л. Ц		hild with an adult volunteer, if the request is made as part	
	prospe	ctive adult volunteer for the organizations; (i.e. Big Broth	ners & Big Sisters)
В. 🔲		Health Agency (Copy of license must accompany this re-	
C. 🗆		unity mental retardation and other developmental disability	
D.		of CARF Certificate must be submitted with this request; pervised group living facility licensed under IC 12-28-5.) .
Ĕ. 🗆		a agency on aging designated under IC 12-10-1.	
F. 🗌		unity action agency (as defined in IC 12-14-23-2).	
G. 🔲		operator of a hospice program licensed under IC 16-25-3	3.
й .		unity mental health center (as defined in IC-7-2-38).	
I.		ment of Child Services (as defined in IC 1-13-3-27-5). hool Corporation, Special Education Cooperative, or Nor	mublic School (on defined in IC 20.18.2.12)
к. 🖺		e church or religious society is a religious organization ex	
~~! ()		ection 501 of the Internal Revenue Code;	vale vale vale vale vale vale vale vale
	an		
		e employee or volunteer works in a nonprofit program or cluding a child care ministry registered under IC 12-17.2-	
		WARNING PENALTY FOR	RMISUSE
stated in	the reque	stice organization or individual receiving a limited criminal l st or which deny the subject any civil right to which the subj story for any purpose not specified in the request commits a	ect is entitled. IC 10-13-3-27: Any person who uses
I affirn specifie		penalty of perjury, that the Limited Criminal Histo	ory Information requested will be used as
PRIN	VT Nam	e of Requester	
~ ****		-	;*
Signa	ture of	Requester	Date (month, day, year)