# CRIMINAL HISTORY RECORD CHECK

*(OFFICE USE ONLY ----- DO NOT WRITE IN THIS AREA)*

OPERATOR INITIALS:_____ ORI #: NB055015J

INFORMATION RELEASED: ___X____ NCIC ___X___ DMV

RELEASED TO: _____ (Mail Return Only)

DATE RELEASED: _____

## REQUESTING OFFICE INFORMATION

REQUESTING OFFICE: _____

REQUESTING OFFICE ADDRESS: _____

REQUESTING SUPERVISOR'S PRINTED NAME: _____

REQUESTING SUPERVISOR'S SIGNATURE:_____

DATE REQUESTED:_____

REQUEST: _____ MAILED _____ FAXED

## SUBJECT INFORMATION

NAME:_____ D.O.B. _____

SEX: _____ RACE: _____ SOCIAL SECURITY #: _____

___X___ NCIC ___X___ DMV PURPOSE:__X___ CRIMINAL JUSTICE (Code C)

___X___ Criminal Justice Employment (Code J)

DRIVER'S LICENSE # (if available): _____ STATE: _____

THIS FORM IS TO BE UTILIZED AND PROCESSED ONLY AFTER THE POINT IN WHICH AN APPLICANT HAS BEEN OFFERED A POSITION OF EMPLOYMENT.

MAIL OR FAX TO THE CHIEF PROBATION OFFICER IN YOUR DISTRICT.