

DHR CRIMINAL HISTORY CHECK APPLICATION

Part 1 of 2

NON-DHR FEE PAID

Mail Application (Parts 1 & 2), Payment, and Fingerprint Cards to:	Make Money Order or Cashier's Check payable to:
Department of Human Resources Child Care Services Division 50 Ripley Street Montgomery, AL 36130-4000	Department of Human Resources Child Care Services Division 50 Ripley Street Montgomery, AL 36130-4000

Type or print legibly

Social Security Number:		Reference ID Number:	
First Name:	Middle:	Last:	
All Other Names Used:			Phone #:
Address:			
City:	State:	Zip Code:	
Date of Birth:	Race:	Sex:	

	Employment	Home Study	Household Members	License/Approval	Therapeutic Programs	Volunteer Work
Applying For: (Check One)	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Child Placement Agency <input type="checkbox"/> Day Care Center <input type="checkbox"/> DHR <input type="checkbox"/> DHR Other <input type="checkbox"/> Elder Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Health Services <input type="checkbox"/> Home Day Care <input type="checkbox"/> Preventive Services <input type="checkbox"/> Residential Care Agency <input type="checkbox"/> Other	<input type="checkbox"/> DHR Adoption <input type="checkbox"/> ICPC <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	<input type="checkbox"/> DHR Adoption <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Private Adoption <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	<input type="checkbox"/> Adult Day Care <input type="checkbox"/> Day Care Center <input type="checkbox"/> Elder Care <input type="checkbox"/> Foster Care <input type="checkbox"/> Home Day Care <input type="checkbox"/> Other	<input type="checkbox"/> Foster Care <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Relative Placement <input type="checkbox"/> Other	<input type="checkbox"/> Board Member <input type="checkbox"/> DHR <input type="checkbox"/> Internship <input type="checkbox"/> Other

Affidavit For Release of Information

I do hereby for myself, my heirs, executors, and administrators release and forever discharge the Alabama Department of Human Resources, DPS/ABI and their officers and agents from any and all claims, actions, or causes of action, which may arise as a consequence of the release of the criminal history information.

I am possessed of sound mind and legally competent to execute this release. I hereby authorize the Alabama Department of Human Resources, DPS/ABI to release any and all criminal history information.

I certify that I have read this release and that I understand the significance of the same and in witness thereof I have voluntarily signed my name on this _____ day of _____, 20_____.

Signature: _____

NOTE This document must be witnessed by two persons or notarized by a Notary Public.

Name of Witness #1	Name of Witness #2
Address of Witness #1	Address of Witness #2
City, State, Zip	City, State, Zip

OR

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Signature of Notary Public

My commission expires _____, 20_____.

Fingerprint Technician:

_____ Fingerprint Card Issued

_____ Live Scan Transmission

Signature

Date

[REDACTED]

[REDACTED]

DHR CRIMINAL HISTORY CHECK APPLICATION

Part 2 of 2

Name of Requesting Agency: _____	Department of Human Resources Child Care Services Division 50 Ripley Street	_____ (employer, adoption agency, foster home nteer coordinating agency, etc.)
Address: _____	Montgomery, AL 36130-4000	_____
Telephone No: _____	DHR Licensing or Approving Office: _____	

MANDATORY CRIMINAL HISTORY CHECK NOTICE: Alabama law requires that a criminal history background check be conducted on applicants for certain DHR positions and on all persons who hold a license or work in a Department of Human Resources licensed child care or adult care home, a foster or adoptive home approved by the Department of Human Resources, or a licensed child placing agency, including all officers and agents of the entity. You are required to provide full, accurate and complete information on your criminal conviction history upon application for a license or employment. This information shall be used to determine your suitability to provide care for children, the elderly, or disabled individuals. Unless a criminal history background check and suitability determination have previously been obtained, you must complete a DHR Criminal History Check Application (Parts 1 & 2) with fingerprints at the time of application for employment. Refusal to complete these documents or providing false information shall result in refusal of employment, approval, or licensure. The term conviction includes a determination of guilt by a trial, by a plea of guilty, or a plea of nolo contendere. Any individual determined to have submitted false information will be referred to the district attorney or law enforcement for investigation and possibly prosecution. An individual who intentionally falsifies any information on a statement is guilty of a class A misdemeanor, punishable by a fine of not more than two thousand dollars (\$2,000) and imprisonment for not more than one year.

Convictions for any of the following crimes shall make an individual unsuitable for approval related to employment, adoption, foster home licensure, child or adult care licensure, or volunteer work:

1. Murder, manslaughter, or criminally negligent homicide.
2. A sex crime.
 - A sex crime includes the following:
 - a) Enticing a child to enter a vehicle, room, house, office, or any other space for immoral purposes, as proscribed by Section 13A-6-69 of the Code of Alabama 1975.
 - b) Incest, when the offender is an adult and the victim is a minor, as proscribed by Section 13A-13-3 of the Code of Alabama 1975.
 - c) Kidnapping of a minor, except by a parent, in the first or second degree, as proscribed by Section 13A-6-43 or Section 13A-6-44 of the Code of Alabama 1975.
 - d) Promoting prostitution in the first degree or second degree, as proscribed by Section 13A-12-111 or Section 13A-12-112 of the Code of Alabama 1975.
 - e) Rape in the first or second degree, as proscribed by Section 13A-6-61 or Section 13A-6-62 of the Code of Alabama 1975.
 - f) Sexual misconduct, as proscribed by Section 13A-6-65 or the Code of Alabama 1975.
 - g) Sexual torture, as proscribed by Section 13A-6-65 of the Code of Alabama 1975.
 - h) Sexual abuse in the first or second degree, as proscribed by Section 13A-6-66 or Section 13A-6-67 of the Code of Alabama 1975.
 - i) Sodomy in the first or second degree, as proscribed in Code 13A-6-63 or Section 13A-6-64 of the Code of Alabama 1975.
 - j) Soliciting a child by computer for the purposes of committing a sexual act and transmittal of obscene material to a child by computer as proscribed by Sections 13A-6-110 and 13A-6-111 of the Code of Alabama 1975.
 - k) Violation of the Alabama Child Pornography Act, as proscribed by Sections 13A-12-191, 13A-12-192, 13A-12-196, or 13A-12-197 of the Code of Alabama 1975.
 - l) Any solicitation, attempt, or conspiracy to commit any of the offenses listed in paragraphs a. to k., inclusive.
 - m) A crime listed in the Community Notification Act, Chapter 20 of Title 15 of the Code of Alabama 1975.
3. A crime that involves the physical or mental injury or maltreatment of a child, the elderly, or an individual with disabilities.
4. A crime committed against a child.
5. A crime involving the sale or distribution of a controlled substance.
6. Robbery.
7. Conviction for a violation or attempted violation of an offense committed outside the State of Alabama for a sex crime or any other crime if the offense would be a crime in Alabama.

Criminal History Statement

Have you ever had a suitability determination made by the Department of Human Resources in connection with a previous criminal history check? Yes (___) No (___) If yes, send the form to DHR.

Have you ever been convicted of a crime? Yes (___) No (___) If yes, state on the lines below the date, crime, location, punishment imposed, and whether the victim was a child, elderly or a disabled individual.

Signature: _____ **Date:** _____

Print Name: _____ **SSN#** _____