

REQUEST FOR CRIMINAL HISTORY RECORD CLEARANCE

STATE OF HAWAII
DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
PROGRAM SUPPORT SECTION
CERTIFICATION & PROGRAM MONITORING
UNIT

TO OPERATORS OR STAFF OF:
[X] Adult Foster Homes
[] Developmental Disabilities
Domiciliary Homes

[] INITIAL [X] ANNUAL

INSTRUCTIONS: APPLICANT – Please print (black ink) or type all information in Parts I and II and sign as required.

PART I

Applicant's Full Name: Last First Middle

Any Alias(es)/Former Name(s) (Including Maiden Name(s))

Social Security No. Date of Birth Place of Birth Country of Citizenship

Sex Race Height Weight Color Eyes Color Hair

I, the undersigned, consent to the release of information to the Department of Health regarding criminal history information contained in my record for the purpose of determining my qualifications to operate or be employed by an adult foster home or developmental disabilities domiciliary home. I understand that the Department of Health may use information authorized by this release only for the purpose for which it was obtained.

Applicant's Signature:

Applicant's Address:

Applicant's Phone No:

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PART II

NOTICE: THE FOLLOWING INFORMATION IS REQUIRED BY LAW TO BE FURNISHED UNDER PENALTY, PERJURY, AND FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE BY LAW.

(Please place a mark next to the appropriate statement.)

_____ **I have never been convicted of a crime.**

_____ **I have been convicted of the crime(s) listed below:
(Do not include minor traffic violations involving a fine of \$50 or less.)**

DATE & PLACE OF CONVICTION	OFFENSE	SENTENCE/FINED

I declare under penalty of perjury that the foregoing is true and correct and complete.

Applicant's Signature

Dated: _____

For HCJDC Use Only

PART III FILE SEARCH DATA – Criminal Justice Data Center

Reports:

By: _____ Date: _____
HCJDC Administrator, for the Attorney General

Return Form to: CERTIFICATION & PROGRAM MONITORING UNIT
2201 WAIMANO HOME ROAD
PEARL CITY, HI 96782