SHP-159H 02/10
Missouri State Highway Patrol / Missouri Department of Social Services
REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

TYPE OF S	TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions.										YPE OF DAYCARE PROVIDER					
(1) CD Central Registry Child Abuse Search Only - No Charge										(1) License						
(2) Name Search - \$10.00 (Criminal record, child abuse, or neglect, central registry search)																
(3) Fingerprint Search										∐ (2) License Exempt						
☐ \$14.00 (Authorized Statute 210.487) ☐ \$20.00 (All other request)											(3) Registered					
		TA (Please typ		formation	legibly in	ink.) Th	e sub	ject of the re	request	must co	mplet	e the next s	ection a	nd sign		
APPLICAN	NAM 2'TK	E (Last, First, MI,	Jr., Sr., III)													
MAIDEN NAME DATE (RTH (MI	M/DD/YY)	STATE	OF BIRTH	SEX	RACE		
ALIAS NAME(S)							SOCIAL SECU			ITY NUMBER DRIVER'S			LICENSE NUMBER / STATE			
ADDRESS	SES FOR	PAST 5 YEARS														
STREET CITY					STATE	STR	EET			CITY				STATE		
							ļ									
Have you ever been found guilty to or been convicted of any criminal act in this state or any state?														L		
YES (Complete section below) NO, I have not been found guilty to or been convicted of any criminal offense in this state or any state.																
DAT	·									CIRCUMSTANCES (Identify charges, attach separate page, if necessary.)						
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Have you	ever be	en substantiate	ed as a perpet	trator in a	ny child abu	se or ne	glect r	eport made	to the (Children's	Divisi	on in this sta	ite or any	state?		
☐ YES (Complete	e section below	i) 🗆 NO, I	have not	been substa	intiated	as a p	erpetrator in	any ch	ild abuse	or neg	glect report.				
DATE CITY STATE					COUNT	CI	IRCUMST	ANCES (At	tach sepa	arate page, if ner	essary.)					
<u> </u>																
		provided is co														
		form. I grant p			artment of	Social	servici	es to obtain	n any a	nd all in	rormat	ion needed	to proce	ss my	request	
and to use the information as permitted by law. SIGNATURE OF APPLICANT (REQUIRED IN INK) DAT																
SIGNATURE OF REQUESTOR (Required in ink)																
TITLE OF CHILD CARE PROVIDER									TELEPHONE							
THE STREET STREET																
STATE AG	ENCY							STAT	re veno	OR OR C	ONTAC	T NO. (If appl	icable)			
CHECK A			NOVMENT			OB CLU	0.04	DE BUREAL				/ PUBLIC A	VID BOIL	ME		
☐ CHILD CARE RELATED EMPLOYMENT ☐ DOH / CCB CHILD CARE B									O	_		RACT PROV		AIL		
☐ CHILD CARE RELATED VOLUNTEER ☐ DMH / DMH VENDOR ☐ HEALTH CARE																
	COM	PLETE RETUR	RN ADDRESS Complete you			CH APP	LICAT	ION)		SEN	D FEE	& FORM TO):			
[,		idential M								ate Highway				
1,											inal Ju Box 95	stice Informa	ation Sen	ices Di	vision	
AGENCY NAME												ity, MO 6510)2			
	ATTENT	ION														
	ADDRES															
}	VDDRES															
	CITY, ST	ATE, ZIP CODE														

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBL
- 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 of challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (OFR), Section 16.34.
- If you have a criminal history vector, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the difficials deny you the job, license, or other benefit based on into contain in the criminal history record.

You have the right to expect that officials receiving the results of the criminal distory record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Combell.³

If agency policy permits, the officials may provide you with a copy of your IBI criminal history record for review and possible challenge. 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 1731. Information regarding this proves may be obtained at http://www.fbi.gov/about-us/clissbackground-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. 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 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).