

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

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| TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions. <input type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge <input type="checkbox"/> (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search <input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search <input type="checkbox"/> \$14.00 (Authorized Statute 210.487) <input type="checkbox"/> \$20.00 (All other request) | TYPE OF DAYCARE PROVIDER <input type="checkbox"/> (1) License <input type="checkbox"/> (2) License Exempt <input type="checkbox"/> (3) Registered |
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IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.

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|---------------------------------------------------|------|--------------------------|----------------|-----------------------------------|-------|
| APPLICANT'S NAME (Last, First, MI, Jr., Sr., III) | | | | | |
| MAIDEN NAME | | DATE OF BIRTH (MM/DD/YY) | STATE OF BIRTH | SEX | RACE |
| ALIAS NAME(S) | | SOCIAL SECURITY NUMBER | | DRIVER'S LICENSE NUMBER / STATE / | |
| ADDRESSES FOR PAST 5 YEARS | | | | | |
| STREET | CITY | STATE | STREET | CITY | STATE |
| | | | | | |
| | | | | | |

Have you ever been found guilty to or been convicted of any criminal act in this state or any state?
 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.

| DATE | CITY | STATE | COUNTY | CIRCUMSTANCES (Identify charges, attach separate page, if necessary.) |
|------|------|-------|--------|-----------------------------------------------------------------------|
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Have you ever been substantiated as a perpetrator in any child abuse or neglect report made to the Children's Division in this state or any state?
 YES (Complete section below) NO, I have not been substantiated as a perpetrator in any child abuse or neglect report.

| DATE | CITY | STATE | COUNTY | CIRCUMSTANCES (Attach separate page, if necessary.) |
|------|------|-------|--------|-----------------------------------------------------|
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The information provided is complete and accurate to the best of my knowledge. I understand it is unlawful to withhold or falsify information required on this form. I grant permission to the Department of Social Services to obtain any and all information needed to process my request and to use the information as permitted by law.

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|------------------------------------------|---------------------------------------------|
| SIGNATURE OF APPLICANT (REQUIRED IN INK) | DATE |
| SIGNATURE OF REQUESTOR (Required in ink) | DATE |
| TITLE OF CHILD CARE PROVIDER | TELEPHONE 314-687-1930 |
| STATE AGENCY | STATE VENDOR OR CONTACT NO. (If applicable) |

CHECK APPROPRIATE BOX

| | | |
|--------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> CHILD CARE RELATED EMPLOYMENT | <input type="checkbox"/> DOH / CCB CHILD CARE BUREAU | <input checked="" type="checkbox"/> SCHOOLS / PUBLIC AND PRIVATE |
| <input type="checkbox"/> CHILD CARE RELATED VOLUNTEER | <input type="checkbox"/> DMH / DMH VENDOR | <input type="checkbox"/> CD CONTRACT PROVIDER |
| <input type="checkbox"/> CD LICENSURE | <input type="checkbox"/> HEALTH CARE | <input type="checkbox"/> OTHER _____ |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------|-------------------------|---------|----------------|-----------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center">COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION) Complete your mailing label below Confidential Mail</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AGENCY NAME</td> <td>Ferguson-Florissant School District</td> </tr> <tr> <td>ATTENTION</td> <td>Human Resource Services</td> </tr> <tr> <td>ADDRESS</td> <td>8855 Dunn Road</td> </tr> <tr> <td>CITY, STATE, ZIP CODE</td> <td>Hazelwood, MO 63042</td> </tr> </table> | AGENCY NAME | Ferguson-Florissant School District | ATTENTION | Human Resource Services | ADDRESS | 8855 Dunn Road | CITY, STATE, ZIP CODE | Hazelwood, MO 63042 | <p>SEND FEE & FORM TO: Missouri State Highway Patrol Criminal Justice Information Services Division P.O. Box 9500 Jefferson city, MO 65102</p> |
| AGENCY NAME | Ferguson-Florissant School District | | | | | | | | |
| ATTENTION | Human Resource Services | | | | | | | | |
| ADDRESS | 8855 Dunn Road | | | | | | | | |
| CITY, STATE, ZIP CODE | Hazelwood, MO 63042 | | | | | | | | |

The purpose of this form is to provide information available to child care agencies including volunteer agencies. The records you receive will be based on the search options you select. The Missouri State Highway Patrol will respond when you choose option 2 or 3. The Missouri Children's Division will respond when you choose option 1, 2, or 3. Direct questions regarding criminal records to the Missouri State Highway Patrol (573-526-6153); direct questions regarding child abuse or neglect to the Children's Division (573-526-1438, TT: 1-800-735-2466).

The information on this form, and responses generated as a result of this form, are confidential. Any person disclosing the information in violation of 43.540, 589.400, RSMo. and/or 210.150 RSMo. is guilty of a class A misdemeanor.

For information on how to participate in the Child Abuse/Neglect Central Registry examination program, submit a written request from the CEO, owner, director, etc. of your child care related group or organization to: **Director, Children's Division, P.O. Box 88, Jefferson City, MO 65103.**

PROCESSING FEE SCHEDULE INFORMATION (43.527 AND 43.530 RSMo.)

By checking boxes 1 thru 3 on the front page of this form, the following applies:

1. CD Central Registry Child Abuse Search Only - No Charge Provides information obtained from the Children's Division Central Registry only. The Children's Division (CD) Central Registry screening will reflect information contained in the CD database. Any questions about the accuracy of that information should be directed to the CD office in the residential county of the applicant or the county of employment if the applicant is not a Missouri resident.
 - a) Complete the request form.
 - b) Mail completed form to: **Missouri Children's Division, Background Screening / Investigations Unit, P.O. Box 88, Jefferson City, MO 65103.**

2. Name Search - \$13.00 Provides open records obtained from the Missouri Criminal Record Repository and information from Missouri Children's Division Central Registry.
 - a) Complete the request form.
 - b) Make a check or money order for \$13.00 payable to "State of Missouri Criminal Records System."
 - c) Mail completed form and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**

3. Fingerprint Search - \$14.00/\$20.00 Provides open and closed records with positive identification obtained from the Missouri Criminal Records Repository and information from Missouri Children's Division Central Registry.
 - a) Complete the request form.
 - b) Obtain fingerprints on: Applicant card FD-258. Official taking fingerprints must verify identity of person fingerprinted with an official id such as a driver's license and sign the card as the person taking the fingerprints. Complete the rest of the card as applicable.
 - c) Make a check or money order for \$14.00/\$20.00 payable to "State of Missouri Criminal Records System."
 - d) Mail completed forms and check or money order to: **Missouri State Highway Patrol, Criminal Justice Information Services Division, P.O. Box 9500, Jefferson City, MO 65102.**

OPEN RECORDS - convictions, charges pending, arrests less than thirty days old, and suspended imposition of sentence during probation.

CLOSED RECORDS - charges not filed, not prosecuted, dismissed, or subject found not guilty or suspended imposition of sentence after probation.

SPACE RESERVED FOR MSHP/CD RESPONSE STAMP