

EIGHTH JUDICIAL DISTRICT COURT & REGIONAL JUSTICE CENTER CRIMINAL HISTORY, FINGERPRINT & BACKGROUND CHECK REQUEST

APPLICANT TYPE: **Employee** _____ (Position _____) **Extern/Intern** _____ (Department _____)
CASA _____ **TDP** **Donna's House** _____ **Vendor** _____ **Other** _____

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
EMPLOYER:					
DATE OF BIRTH:			SOCIAL SECURITY NUMBER:		
COUNTRY OF BIRTH:		STATE/PROVINCE OR COUNTY OF BIRTH:		CITY OF BIRTH:	
LIST ANY OTHER NAMES USED:					
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
LAST NAME:		FIRST NAME:		MIDDLE NAME:	
LIST ANY OTHER DATE OF BIRTH USED:			LIST ANY OTHER SOCIAL SECURITY NUMBER USED:		
DATE OF BIRTH:			SOCIAL SECURITY NUMBER:		
PHYSICAL CHARACTERISTICS:					
GENDER: MALE FEMALE		HEIGHT:	WEIGHT:	NATURAL HAIR COLOR:	NATURAL EYE COLOR:
					GLASSES: YES NO
NOTE: Per Federal Criminal History inquiry requirements, please select the most appropriate race code listed below:					
	American Indian or Alaskan Native (a person having origins in any of the original peoples of the Americas and who maintains cultural identification through tribal affiliations or community recognition)				
	Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian sub-continent or the Pacific Islands)				
	Black (a person having origins in any of the black racial groups of Africa)				
	Hispanic (a person having origins in Latin America; Cuba, Mexico or Puerto Rico)				
	White (a person having origins in any of the original peoples of Europe, North Africa or Middle East)				
MOST RECENT DRIVER LICENSE OR STATE IDENTIFICATION CARD YOU HAVE OBTAINED:					
NUMBER:	STATE OF ISSUE:	DATE OF ISSUE:	EXPIRATION DATE:		
TYPE ISSUED (check one) :	<input type="checkbox"/>	DRIVER LICENSE	<input type="checkbox"/>	IDENTIFICATION CARD	
Has your driver's license ever been revoked or suspended? (circle one) YES NO					
LIST OTHER STATES IN WHICH YOU HAVE BEEN ISSUED A DRIVER'S LICENSE OR STATE IDENTIFICATION CARD:					
NUMBER:	STATE OF ISSUE:	DATE OF ISSUE:	EXPIRATION DATE:		
NUMBER:	STATE OF ISSUE:	DATE OF ISSUE:	EXPIRATION DATE:		

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NAME: _____

DOB: _____

SS #: _____

DL #: _____

DOI: _____

NO DISQUALIFYING DATA **SCOPE:** _____ **NCIC:** _____ **NCJIS:** _____

_____ No Felony or Gross Misdemeanor arrests w/o disposition _____ No Felony or Gross Misdemeanor convictions

_____ Not a Fugitive from Justice _____ SQPO Negative _____ DL Clear _____ DL State

CRIMINAL HISTORY REVIEW REQUIRED: YES _____ NO _____

Notes:

Background Operator's Name: _____

Date Completed: _____

Background Operator's Signature: _____

FINGERPRINTS APPOINTMENT DATE _____ **Fingerprints cleared? YES** _____ **NO** _____

Fingerprint results required prior to badge issuance **YES** _____ **NO** _____

Fingerprint Notes:

Fingerprint Operators Name: _____

Cleared For Employment and/or Badge Access?

Approved By: _____

YES _____ NO _____

Signature: _____

REPORT PASS/FAIL TO THE RJC BADGING OFFICE VIA EMAIL

Requested By: **Michelle Young**

Date Requested: _____

Requestor's Signature: *Michelle Young*

Phone: 702-455-1755

RE: