

Indiana State Police

Criminal History Information
Limited Criminal History
& Fee Exemption 317-233-5424

ID Billing Number Or Customer ID #

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is voluntary and you will not be penalized for refusal.

PLEASE TYPE OR PRINT ALL INFORMATION.

RECORD CHECK ON:					
Last Name	First Name M.I				
Social Security Number*	Place of Birth				
Date of Birth MM/DD/YYYY F=Fet	M = White B = Black U = Unknown M = Multi Racial				
Private Adoption, Employment, City, Sta	(where this response will be sent) wayUnited Methodist Church Address (number and street) 29th St. ate, ZIP Code apolis, IN, 46205				
Daytime Telephone Number ATTEN	Daytime Telephone Number ATTENTION: R. Aaron Hobbs				
Limited Criminal History Information — Reason for Request The cost is \$7.00. Mark an "X" in one box below for this request. Certified check or money order must be enclosed if request is mailed. Money orders will be accepted in person.					
(2) Has applied for a license or is maintaining provided in connection with the license. (3) Employment with a state or local government of the license of the license. (4) Is a candidate for public office or a public off	c official; a law enforcement agency; mission of a crime; sed repeatedly by criminal justice agencies; mination with respect to the setting of bond, plea bargaining, sentencing, stact with, care of, or supervision over a child who is being placed, as agency, or a nonprofit corporation; er into a contract with a public school (as defined in IC 20-10.1-1-2) or a 0.1-1-3), if the subject of the request is expected to have direct, ongoing tope of the subject's employment; of (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC are of, or supervision over a student enrolled in the school; Student Teache an investigator of the Division of Family Resources, or a county office of the Child Support Bureau of the Division of Family Resources; violent offender under IC 5-2-12; or ag: is less than eighteen (18) years of age. 12-4-2), if the victim is less than eighteen (18) years of age.				

А	Subject	(E) (F) (G) (H) (J) (K) (L) (M)	Possession of child pornography (IC 35-42-4-4(c). Vicarious sexual gratification (IC 35-42-4-5). Child solicitation (IC 35-42-4-6). Child solicitation (IC 35-42-4-6). Child seduction (IC 35-42-4-7). Sexual misconduct with a minor as a <i>Class A or Class B</i> felony (IC 35-42-4-9). Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age. Attempt under IC 35-41-5-1 to commit an offense listed in clauses (A) through (J). Conspiracy under IC 35-41-5-2 to commit an offense listed in clauses (A) through (J). An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under clauses (A) through (J).
A Subject (16)			tified as a possible perpetrator of child abuse or neglect in an assessment conducted by the department of
	(17)		services under IC 31-33-8; or
	(17)		parent, guardian or custodian of a child; or
		(B) an cu di	individual who is at least eighteen (18) years of age and resides in the home of the parent, guardian or stodian; with whom the department of child services or a county probation department has a case plan, spositional decree, or permanency plan approved under IC 31-34 or IC 31-37 that provides for unification following an out-of-home placement.
			REASON FOR NO FEE REQUEST
Α	Before	<u>checki</u> Has bee	ing any box below read the defined Indiana Code IC 10-13-3-36 on in existence for ten (10) years and has a primary purpose of providing an individual relationship
	· :	for a ch	ild with an adult volunteer, if the request is made as part of a background investigation of a
	1	prospec	tive adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
В.			lealth Agency (Copy of license must accompany this request).
C.			mity mental retardation and other developmental disabilities centers, for purposes of IC 12-29. of CARF Certificate must be submitted with this request).
D			ervised group living facility licensed under IC 12-28-5.
E.			agency on aging designated under IC 12-10-1.
F.			mity action agency (as defined in IC 12-14-23-2).
G			operator of a hospice program licensed under IC 16-25-3.
H			mity mental health center (as defined in IC-7-2-38).
I,		Departn	nent of Child Services (as defined in IC 1-13-3-27-5).
J. K		(1) The	ool Corporation, Special Education Cooperative, or Nonpublic School (as defined in IC 20-18-2-12). church or religious society is a religious organization exempt from federal income taxation under ction 501 of the Internal Revenue Code;
	((2) The	request is made as part of a background investigation of a prospective or current adult volunteer;
	(employee or volunteer works in a nonprofit program or ministry of the church or religious society, luding a child care ministry registered under IC 12-17.2-6.
			WARNING PENALTY FOR MISUSE
sta	ited in the	reques	tice organization or individual receiving a limited criminal history may not utilize it for purposes other than those tor which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses story for any purpose not specified in the request commits a Class A misdemeanor offense.
	ecified.	inaer j	penalty of perjury, that the Limited Criminal History Information requested will be used as
F	R. Aaro	n Hob	bs
}	PRINT	Name	of Requester
		0.7	
	oignatu		Requester Date (month, day, year)
		V	Ve accept certified checks and money orders in person only. "NO" personal checks. All checks made payable to the STATE OF INDIANA.
			Mail request to:
			Indiana State Police, Criminal History Limited Check
			P.O. Box 6188
			Indianapolis, Indiana 46206-6188

State Form 8053 (R11 / 4-14) Approved by State Board of Accounts, 2014