

**REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TYPE OF SERVICE (Check <b>ALL</b> that apply) See reverse side for further instructions.<br><input checked="" type="checkbox"/> (1) CD Central Registry Child Abuse Search Only - No Charge<br><input type="checkbox"/> (2) Name Search - (\$12.00) and CD Central Registry Child Abuse Search<br><input type="checkbox"/> (3) Fingerprint Search & CD Central Registry Child Abuse Search<br><input type="checkbox"/> \$14.00 (Authorized Statute 210.487)<br><input type="checkbox"/> \$20.00 (All other request) | TYPE OF DAYCARE PROVIDER<br><input type="checkbox"/> (1) License<br><input type="checkbox"/> (2) License Exempt<br><input type="checkbox"/> (3) Registered |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|

**IDENTIFYING DATA (Please type or print information legibly in ink.) The subject of the request must complete the next section and sign.**

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.) |
|------|------|-------|--------|-----------------------------------------------------------------------|
|      |      |       |        |                                                                       |
|      |      |       |        |                                                                       |

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.) |
|------|------|-------|--------|-----------------------------------------------------|
|      |      |       |        |                                                     |
|      |      |       |        |                                                     |

**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.**

|                                          |                                             |
|------------------------------------------|---------------------------------------------|
| SIGNATURE OF APPLICANT (REQUIRED IN INK) | DATE                                        |
| SIGNATURE OF REQUESTOR (Required in ink) | DATE                                        |
| TITLE OF CHILD CARE PROVIDER             | TELEPHONE                                   |
| 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 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 _____                  |

|                                                                                                                  |                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)<br>Complete your mailing label below<br>Confidential Mail | SEND FEE & FORM TO:<br><br>Missouri State Highway Patrol<br>Criminal Justice Information Services Division<br>P.O. Box 9500<br>Jefferson city, MO 65102 |
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|                                              |
|----------------------------------------------|
| AGENCY NAME<br>Saint Louis Public Schools    |
| ATTENTION<br>Office of Volunteer Services    |
| ADDRESS<br>801 N. 11th Street                |
| CITY, STATE, ZIP CODE<br>St. Louis, MO 63101 |