

WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$26.00. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL _____ Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ___/___/___ Debra Gerth _____
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No. (206) 932-4044 ex. 8

debrag@seniorservices.org _____
E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Senior Center of West Seattle _____

Name

4217 SW Oregon St. _____

Address

Seattle WA 98116 _____

City State ZIP Code

Subject's Right Thumb Print (Optional)

Criminal Background Disclosure Statement

To protect children and vulnerable adults (a person sixty years of age or older who has the functional, mental, or physical inability to care for himself or herself or a patient in a state hospital), Washington law requires us to ask volunteers and employment applicants (and Senior Services requires all employees) for the following information.

Have you ever been convicted of any of the following crimes against children or other persons:

YES	NO		YES	NO	
___	___	Aggravated murder	___	___	First degree promoting prostitution
___	___	First or second degree murder	___	___	Communication with a minor
___	___	First or Second degree kidnapping	___	___	First degree arson
___	___	First, Second or Third degree assault	___	___	First degree burglary
___	___	First, Second or Third degree rape	___	___	Indecent liberties
___	___	First, Second or Third degree rape of a child	___	___	Incest
___	___	First or Second degree robbery	___	___	Vehicular homicide
___	___	First or Second degree manslaughter	___	___	Unlawful imprisonment
___	___	First or Second degree extortion	___	___	Simple assault
___	___	First or Second degree criminal mistreatment	___	___	Sexual exploitation of minors
___	___	Child abuse or neglect as defined in RCW 26.44.020	___	___	First or second degree custodial interference
___	___	Selling or distributing erotic material to a minor	___	___	Malicious harassment
___	___	Custodial assault	___	___	First, Second or Third degree child molestation
___	___	Child buying or selling	___	___	First or second degree sexual misconduct with a minor
___	___	Felony indecent exposure	___	___	Patronizing a juvenile prostitute
___	___		___	___	Child abandonment
___	___		___	___	Promoting pornography
___	___		___	___	Violation of child abuse restraining order
___	___		___	___	Prostitution
___	___	Or any of these crimes as they may have been renamed?			
___	___	Or convicted of any other crime against children or other persons?			
___	___	Convicted of a crime relating to financial exploitation of a "vulnerable adult" (i.e first, second, or third degree: extortion, theft, robbery, forgery or any of these crimes as renamed);			
___	___	Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor;			
___	___	Found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor;			
___	___	Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult;			
___	___	Found by a court in a protection proceeding under chapter 74.34 RCW, to have abused or financially exploited a vulnerable adult?			

Criminal Background Disclosure Statement - continued

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) or finding(s) and sentence(s) or penalty(ies). You may attach additional pages.

We may request law enforcement agencies for your record of criminal convictions for offenses against persons, civil adjudication of abuse or financial exploitation of a vulnerable adult and disciplinary board final decisions and subsequent criminal charges. If you are hired before that report is received, YOUR EMPLOYMENT (or volunteer opportunity) WILL BE CONDITIONED UPON THE RECEIPT OF A SATISFACTORY REPORT.

We make our inquiries through the internet. Normally, we will not notify employees, applicants or volunteers of the response, unless there is a "match". You may request in writing a copy of the report.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I understand that if I am hired, my employment is conditioned on your receipt of a satisfactory report from any law enforcement agency contacted.

Signature: _____

Printed Name: _____

Date: _____