SHP-159J 02/15

Missouri State Highway Patrol REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

ſ	TYPE OF SERVICE (Check ALL that apply) See reverse side for further instructions.							TY	TYPE OF DAYCARE PROVIDER						
	(1) CD Central Registry Child Abuse Search Only - No Charge							☐ (1) License							
	☐ (2) Name Search - (\$13.00) and CD Central Registry Child Abuse Search ☐ (3) Fingerprint Search & CD Central Registry Child Abuse Search														
	□ \$14.00 (Authorized				☐ (2) License Exempt										
	□ \$20.00 (All other request)							☐ (3) Registered							
	IDENTIFYING DATA (Please t	ype or print in	formation	legibly in i	ink.) The	e subje	ct of t	the reques	t must co	mplet	e the next	section	and sig	1.	
*	APPLICANT'S NAME (Last, First, N	MI, Jr., Sr., III)													
*	MAIDEN NAME	AIDEN NAME MOAT								STAT	E OF BIRTH	SEX	*RACI	<u> </u>	
*	ALIAS NAME(S)	NAME(S)						L SECURITY NUMBER HORIVER'S LICENSE NUMBER / STA						R / STATE	
*	ADDRESSES FOR PAST 5 YEARS	3												/	
	STREET		STATE STREET						CITY				STATE		
*	Have you ever been found guil	ty to or been co	onvicted of	any crimina	l al act in t	this sta	te or a	ny state?							
	YES (Complete section below) \square NO, I have not been found guilty to or been convicted of any criminal offense in this s											ate or any	state.		
	DATE CITY STATE COUN					CIRCUMSTANCES (Identify charges, attach separate page, if necessary.							ssary.)		
*	Have you ever been substantia	ated as a perpe	trator in an	y child abu	se or neg	glect re	port m	nade to the	Children's	Divisi	on in this s	tate or ar	ny state?)	
	☐ YES (Complete section belo	ow) 🗆 NO, I	have not b	een substa	intiated a	as a pe	rpetrat	tor in any ch	nild abuse	or ne	glect report	t.			
	DATE CITY STATE COUNTY						CIRCUMSTANCES (Attach separate page, if necessary.)								
	The information provided is	complete and	accurate t	to the best	of my k	knowle	dae I	Lunderstar	nd it is ur	nlawfu	l to withh	old or fal	sify info	rmation	
	required on this form. I gran	t permission to	the Depa												
×	and to use the information as permitted by law. SIGNATURE OF APPLICANT (REQUIRED IN INK)							-DATE							
	SIGNATURE OF REQUESTOR (Required in ink)							DATE	TE						
	TITLE OF CHILD CARE PROVIDER							TELEPHONE							
	STATE AGENCY							STATE VENDOR OR CONTACT NO. (If applicable)							
-	CHECK APPROPRIATE BOX														
	☐ CHILD CARE RELATED EMPLOYMENT ☐ DOH / CCB CHILD CARE B														
	☐ CHILD CARE RELATED VOLUNTEER ☐ DMH / DMH VENDOR							REAU	□ sc⊦	HOOLS	S / PUBLIC	AND PR	IVATE		
			_	_			E BUI	REAU	_		S / PUBLIC		IVATE		
	☐ CD LICENSURE		[_	MH VEN		E BUI	REAU	□ CD	CONT		OVIDER	IVATE		
		DLUNTEER JRN ADDRESS Complete you	[[] S (REQUIR	DMH / D HEALTH ED ON EA	MH VEN	IDOR			□ CD	CONT HER _	RACT PRO	OVIDER		GRADE:	
	CD LICENSURE COMPLETE RET	DLUNTEER JRN ADDRESS Complete you Conf	[[] S (REQUIR ur mailing la	DMH / D HEALTH ED ON EA	MH VEN	IDOR			□ CD	CONT HER _	RACT PRO	OVIDER		GRADE:	
	COMPLETE RETU AGENCY NAME Festus R-VI School ATTENTION	DLUNTEER JRN ADDRESS Complete you Conf	[[] S (REQUIR ur mailing la	DMH / D HEALTH ED ON EA	MH VEN	IDOR			□ CD	CONT HER _	RACT PRO	OVIDER		GRADE:	
	COMPLETE RETURN AGENCY NAME Festus R-VI School	DLUNTEER JRN ADDRESS Complete you Conf District Department	[[] S (REQUIR ur mailing la	DMH / D HEALTH ED ON EA	MH VEN	IDOR			□ CD □ OTH EASE LIS	CONT HER _ T EAC	RACT PRO	OVIDER	ME & C		

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