

For Office Use:

Recheck Date: _____ Hearing Date/Date Needed: _____ Client/Family Name: _____ ADRC-_____



HEALTH & HUMAN SERVICES
320 S. WALNUT STREET, APPLETON, WI 54911-5985
TELEPHONE (920) 832-5178 FAX (920)832-2113

RECORDS CHECK

For the following:

- Law Enforcement Agency Criminal Background check**
- State Department of Child Services**
- County Departments of Human/Social Services agency records check**
- Wisconsin Department of Motor Vehicle (Driver's Record check)**
- State of Wisconsin Sexual Offender Registry**
- Wisconsin Circuit Court Access**
- Wisconsin Criminal History Check**
- Credit Check (for proposed guardians only)**
- Out of County/State CPS Records (not required for proposed guardian checks)**

I agree to have the Outagamie County Department of Health & Human Services investigate my past record and character. I hereby authorize the agencies listed above and law enforcement agencies for the jurisdictions where I have resided during the past FIVE years to check records and information available to them and to provide or verify such information on this form. Additionally, I hereby release said agencies, the Outagamie County Department of Health and Human Services, and all employees, officials, agencies, and any other representatives of these parties and all persons whomsoever from any claims, causes of action, damages, injuries, or losses I, my heirs, successors, or assigns may suffer or incur caused by the release of any information furnished as a result of this authorization and release.

PLEASE CHECK ONE:

Foster Care Foster Care Relicense Respite Kinship Care
 Volunteer Mentoring Guardian/Person Guardian/Estate Other _____

NAME: _____
(First) (Middle) (Last) (Other Names) (Maiden Name)

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

Male: _____

DRIVER'S LICENSE NUMBER: _____ Female: _____

List all addresses where you have lived during the last five (5) years. Please attach a separate piece of paper if more space is needed. Begin with your CURRENT address.

	<u>STREET ADDRESS</u>	<u>CITY</u>	<u>STATE</u>	<u>ZIP</u>	<u>COUNTY</u>	<u>DATES</u> (from/to)
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____

PLEASE COMPLETE BOTH SIDES OF THIS FORM
INCLUDING SIGNATURE AND DATE
OVER →

OVER--→

List all **charges and/or convictions** (traffic, civil, criminal, etc.) Also include **Probation/Parole** and **Court Supervision** information. Please attach a separate piece of paper if more space is needed.

<u>TYPE OF OFFENSE</u>	<u>LOCATION (CITY/STATE)</u>	<u>DATE</u>
1. _____		
2. _____		
3. _____		

SIGNATURE: _____ **DATE:** _____
COMMENTS:

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TO BE COMPLETED BY LAW ENFORCEMENT/CPS AGENCY

According to our records, this person ***does*** ____ ***does not*** ____ have records with our agency.
(If so, please attach documentation.)

Law Enforcement or CPS Representative Signature

Date

Municipality/Agency

OUTAGAMIE COUNTY DEPT OF HEALTH & HUMAN SERVICES AGENCY RECORDS CHECK

If applicable, date of last background check: _____ Re-License: Yes ____ No ____

SEXUAL OFFENDER REGISTRY RESULTS: