

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: \_\_\_\_\_

DRIVER’S LICENSE NUMBER: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Male: \_\_\_\_  
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.

TYPE OF OFFENSE

LOCATION (CITY/STATE)

DATE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

COMMENTS:

*For Office Use:*

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**\*TO BE COMPLETED BY LAW ENFORCEMENT/CPS AGENCY\***

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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

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**OUTAGAMIE COUNTY DEPT OF HEALTH & HUMAN SERVICES AGENCY RECORDS CHECK**

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If applicable, date of last background check: \_\_\_\_\_ Re-License: Yes \_\_\_ No \_\_\_

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**SEXUAL OFFENDER REGISTRY RESULTS:**