SHP-159F 09/07

Missouri State Highway Patrol / Missouri Department of Social Services

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

Service Unit _____

TYPE OF SERVICE (Check **ALL** that apply) See reverse side for further instructions.

- ☐ (1) CD Central Registry Child Abuse Search Only - No Charge
- ☐ (2) Name Search - $9.00 (Criminal record, child abuse, or neglect, central registry search)
- ☐ (3) Fingerprint Search
  - ☐ $14.00 (Authorized Statute 210.487)
  - ☐ $20.00 (All other request)

TYPE OF DAYCARE PROVIDER

- ☐ (1) License
- ☐ (2) License Exempt
- ☐ (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 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

- ☐ CHILD CARE RELATED EMPLOYMENT
- ☐ CHILD CARE RELATED VOLUNTEER
- ☐ CD LICENSURE
- ☐ DOH / CCB CHILD CARE BUREAU
- ☐ DMH / DMH VENDOR
- ☐ HEALTH CARE
- ☐ SCHOOLS / PUBLIC AND PRIVATE
- ☐ CD CONTRACT PROVIDER
- ☐ OTHER _____

COMPLETE RETURN ADDRESS (REQUIRED ON EACH APPLICATION)
Complete your mailing label below
Confidential Mail

AGENCY NAME	Girl Scouts of the Missouri Heartland, Inc.
ATTENTION	Membership Department
ADDRESS	210 S. Ingram Mill Road
CITY, STATE, ZIP CODE	Springfield, MO 65802

SEND FEE & FORM TO:

Missouri State Highway Patrol
Criminal Records and Identification Division
P.O. Box 9500
Jefferson city, MO 65102

MO 821-0353 (9-07)