SHP-159J 02/15

Missouri State Highway Patrol

REQUEST FOR CHILD ABUSE OR NEGLECT / CRIMINAL RECORD

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 - ($12.00) and CD Central Registry Child Abuse Search
- ☐ (3) Fingerprint Search & CD Central Registry Child Abuse 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 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	☐ DOH / CCB CHILD CARE BUREAU	☐ SCHOOLS / PUBLIC AND PRIVATE
☐ CHILD CARE RELATED VOLUNTEER	☐ DMH / DMH VENDOR	☐ CD CONTRACT PROVIDER
☐ CD LICENSURE	☐ HEALTH CARE	☐ OTHER _____

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

AGENCY NAME
Saint Louis Public Schools

ATTENTION
Office of Volunteer Services

ADDRESS
801 N. 11th Street

CITY, STATE, ZIP CODE
St. Louis, MO 63101

~~SEND FEE & FORM TO:~~

~~Missouri State Highway Patrol~~
~~Criminal Justice Information Services Division~~
~~P.O. Box 9500~~
~~Jefferson city, MO 65102~~