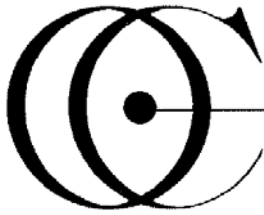


For Office Use:

Recheck Date: _____ Hearing Date/Date Needed: _____ Client/Family Name: _____ Worker _____



OUTAGAMIE COUNTY

HEALTH AND HUMAN SERVICES

401 S. ELM STREET, APPLETON, WI 54911-5985
TELEPHONE (920) 832-5161 FAX (920)832-5180

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 →**

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:

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: