

CRIMINAL HISTORY DISCLOSURE

Please answer the following questions by circling "yes" or "no." Any questions that you reply yes will need to be explained in the comment area below the specific question.

1. Do you have any history of alcoholism or alcohol abuse? Yes No

Comments:

2. Do you have any history of substance abuse? Yes No

Comments:

3. Do you have any history of pilferage (ie. theft)? Yes No

Comments:

4. Do you have any history of child abuse or neglect? Yes No

Comments:

5. Do you have any history of child sexual abuse? Yes No

Comments:

6. Do you have any history of domestic violence? Yes No

Comments:

7. Have you ever been charged with any criminal activity? Yes No

Comments:

I, _____, affirm under the penalty of perjury that the above statements are true. I have disclosed any and all information related to the above related questions.

Signature

Date

STATE OF INDIANA)
)SS:
_____ COUNTY)

Before me, the undersigned Notary Public in and for the said County and State, hereby certify that before me personally appeared _____, who acknowledged that the facts contained herein are true and correct.

WITNESS my hand and notarial seal, this ____ day of _____ 2011.

Notary Public

CRIMINAL CONVICTION DISCLOSURE

The undersigned prospective adoptive parent(s) hereby acknowledge being informed of Indiana Code 31-19-11-1(c) which provides:

A conviction of a felony or a misdemeanor related to the health and safety of a child by a petitioner for adoption is a permissible basis for the court to deny the petition for adoption. In addition, the court may not grant an adoption if a petitioner for adoption has been convicted of any of the felonies described as follows:

- (1) *Murder (IC 35-42-1-1).*
- (2) *Causing suicide (IC 35-42-1-2).*
- (3) *Assisting suicide (IC 35-42-1-2.5).*
- (4) *Voluntary manslaughter (IC 35-42-1-3).*
- (5) *Reckless homicide (IC 35-42-1-5).*
- (6) *Battery as a felony (IC 35-42-2-1).*
- (7) *Aggravated battery (IC 35-42-2-1.5).*
- (8) *Kidnapping (IC 35-42-3-2).*
- (9) *Criminal confinement (IC 35-42-3-3).*
- (10) *A felony sex offense (IC 35-42-4).*
- (11) *Carjacking (IC 35-42-5-2).*
- (12) *Arson (IC 35-43-1-1).*
- (13) *Incest (IC 35-46-1-3).*
- (14) *Neglect of a dependent (IC 35-46-1-4(a)(1) and IC 35-46-1-4(a)(2)).*
- (15) *Child selling (IC 35-46-1-4(b)).*
- (16) *A felony involving a weapon (IC 35-47).*
- (17) *A felony relating a controlled substances (IC 35-48-4).*
- (18) *An offense relating to material or a performance that is harmful to minors or obscene (IC 35-49-3).*
- (19) *A felony that is substantially equivalent to a felony listed in subdivisions (1) through (18) for which the conviction was entered in another state.*

However, the court is not prohibited from granting an adoption based upon a felony conviction under subdivision (6), (11), (12), (16), or (17), or its equivalent under subdivision (19), if the offense was not committed within the immediately preceding five (5) year period.

Furthermore, the undersigned understands that AD-IN, Inc. in performing the adoptive home study or post-placement investigation requires the undersigned to consent to a criminal history check.

Finally, the undersigned hereby agrees to inform AD-IN, Inc. of the commission of **any** crimes in the past or during the pendency of an adoption proceeding.

We, the undersigned, hereby state under the penalties for perjury that we have not been convicted of any of the crimes specified above.

DATED: _____

Signature

Printed: _____

Signature

Printed: _____

Instructions for completing your Local Background Check

1. Find the "Application For Criminal History Background Check"
2. Complete Sections 3 and 4.
3. Determine who would respond to your house if you were to call 911 in the case of an emergency, typically this is your local police station.
4. Take the form "Application For Criminal History Background Check" to this local police station. Have your local law enforcement agency complete the bottom section labeled "For Law Enforcement Use Only"
5. Return this form, and any other forms the law enforcement official may have given you, to *Adoptions of Indiana*.

For **Marion County** residents, your local police station is IMPD. You will need to take this form to the **IMPD office of the City Council Building**, located at:

**50 North Alabama Street
Indianapolis, Indiana 46204**

You will need to hand your form to the clerk and ask for a "Local Name Check." Inform them that this it is for an adoption criminal clearance, but **IS NOT** a limited criminal history check.

They will not use this form, but we ask that you provide it to them anyway so they know what you are requesting.

You will be asked to pay \$10 for this.

Be aware that different police departments use different forms for this clearance, and they may or may not use the form you provide them. You may or may not be required to provide fingerprints. You may or may not be asked to pay for this clearance.

We understand that this check is confusing and can be frustrating as many clerks do not yet understand the necessity of this newly-required criminal clearance for adoption purposes. Please insist that this is what is now required by the State of Indiana. We recommend you also take this instruction sheet with you to show the clerk in case of confusion. Please contact *Adoptions of Indiana* at (317) 574-8950 if you have any questions.



APPLICATION FOR CRIMINAL HISTORY BACKGROUND CHECK

State Form 53259 (R5 / 2-12) DEPARTMENT OF CHILD SERVICES

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record will not be processed without it.

- INSTRUCTIONS: 1. Sections 1 and 2 to be completed by the Department of Child Services (DCS), residential facility, licensed child placing agency (LCPA) or DCS contract agency personnel. 2. Sections 3 through 4 to be completed by the subject of the background check. 3. When the reason for the check is emergency placement within twenty-four (24) hours of completion of the National Name-Based Check by DCS through the Indiana State Police (ISP), a copy of the completed application must be submitted to ISP, Data Operations, via fax at (317) 233-3057. 4. Copies of the completed form may be submitted to the local Law Enforcement Agency (LEA) for completion of this required check. The LEA will complete the bottom of the form and return to the requestor listed in Section 1. 5. Original is to be filed in the appropriate file of the requestor. 6. All fields are mandatory and must be completed.

SECTION 1 - REQUESTING AGENCY INFORMATION

Name of local office or requesting agency: Adoptions of Indiana. Date (month, day, year). Address (number and street, city, state, and ZIP code): 1980 E. 116th St. Suite 325 Carmel, IN 46032. Name of staff member completing this form: Meg Sterchi. Telephone number (317) 574-8950. Fax number (317) 574-8971. E-mail address meg@adoptionsofindiana.org.

SECTION 2 - REASON FOR BACKGROUND CHECK (check appropriate box)

1. DCS related placements: a. Emergency placement b. Non-emergency placement 2. Foster family home licensing 3. Adoption (checked) 4. Employment: Group home Residential facility LCPA 5. Contractor 6. Volunteer / unpaid intern

SECTION 3 - SUBJECT OF THE BACKGROUND CHECK

Full legal name (first, middle, last). Previous names (maiden, alias, previous married, pre-adoptive, nicknames). Date of birth (month, day, year). Social Security Number *. Gender Male Female. Race. Current address (number and street, city, state, and ZIP code). Home telephone number Cellular number E-mail address. List all counties / states resided in for past five (5) years, with dates of residence.

Are you 14 - 17 years of age? Yes No If yes, fingerprints are not required.

Pursuant to IC 31-27, I affirm that the answers to the following questions are true:

1. Have you been convicted of a felony or misdemeanor relating to the health and safety of children? Yes No 2. Have you been charged with a felony or misdemeanor relating to the health and safety of children while your licensing application was pending? Yes No 3. Do you have a current protective order filed against you or do you have a protective order filed against someone else? Yes No If yes, please explain.

SECTION 4 - TO BE SIGNED BY THE SUBJECT OF THE BACKGROUND CHECK

I hereby consent to a release of information from law enforcement agencies, the criminal justice system, and child protective services to the Indiana Department of Child Services regarding any prior criminal history, arrest record, or child protective services history. I understand that it is necessary to ensure the safety of children placed in my care. This authorization is valid for ninety (90) days from the date of this application. I also affirm, under the penalties of perjury, that the information in Section 3 is true and correct. Signature Printed name Date of application (month, day, year) Signature of parent, if under eighteen (18) years of age Printed name Date of application (month, day, year)

FOR LAW ENFORCEMENT USE ONLY

The law enforcement agency must complete the below information and return this form, along with any record found, to the person listed in Section 1 above. A search by (name of law enforcement agency) revealed that there WAS (records attached) WAS NOT a record found. Signature of person completing check Printed name of person completing check Date (month, day, year) Title E-mail address Telephone number

Instructions to Obtain your Official Driver Record

1. Go to www.in.gov/bmv
2. Click the "Driver Record" link under "MyBMV Home" on the left side of the webpage
3. Click the "Purchase, download and print your Official Driver Record" link
4. Click the "Create a myBMV Account" button
5. Choose the "Individual (DLN) option
6. Enter your Driver's License Number (DLN)
7. Enter the last 4 digits of your Social Security Number
8. Enter the Zip code on your Driver's License
9. Complete your account registration with your information
10. Click the "Click here to Create Account" link
11. Click the "Purchase and print your Official Driver Record" link
12. Proceed to Checkout – enter payment (\$4)
13. Download your Record and save to your computer
14. Print your Record for your files

A Child Protection Services History Check form must be filled out for each member of the household, including all children. Please print more as needed.

Thank you!



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R5 / 8-13) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* **PLEASE NOTE:** If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, www.in.gov/dcs. On the left hand side of the page, click on Contact Us, and then click on Local.

SECTION A – TO BE COMPLETED BY REQUESTING ORGANIZATION					
1. Legal first name of applicant		Legal middle name of applicant (If none, indicate "no middle")		Last name of applicant	
2. Reason for history check (check all that apply) *					
<input type="checkbox"/> Foster care <input checked="" type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Volunteer <input type="checkbox"/> Unlicensed relative placement <input type="checkbox"/> Other (please explain) _____					
3. Type of requesting organization					
<input checked="" type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) <u>ADOPTIONS OF INDIANA</u>					
<input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____					
<input type="checkbox"/> Other (insert name of requestor) _____					
4. Name of contact person for organization			5. Telephone number (include area code)		6. Fax number (include area code)
Meg Sterchi			(317) 574-8950		(317) 574-8971
7. Mailing address of organization (number and street, city, state, and ZIP code)				8. E-mail address of requestor	
1980 E. 116th Street, Suite 325, Carmel, IN 46032				meg@adoptionsofindiana.org	
SECTION B – TO BE COMPLETED BY APPLICANT OR APPLICANT'S REPRESENTATIVE					
I hereby consent to a release of information to the above-named requesting organization regarding any prior child protection service history. I understand that this information is necessary to ensure the safety of children. This authorization is valid for sixty (60) days from the date of consent below.					
9. Signature of applicant or applicant's legal representative		10. Relationship to applicant		11. Date signed (mm/dd/yyyy)	12. Gender of applicant
					<input type="checkbox"/> Male <input type="checkbox"/> Female
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9)			14. Date of birth of applicant (mm/dd/yyyy)		15. Race of applicant
16. Current residential address of applicant (number and street, city, state, and ZIP code)				17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-	
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).					
County	Year Began	Year Ended	County	Year Began	Year Ended
Example - XYZ County	02/1992	Current	18c.		
18a.			18d.		
18b.			18e.		
19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? If yes, complete 19a through 19e. If no, please stop.					
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.					
19a. Maiden name (if ever married) (first, middle, and last name)			19b. Other last name(s)		
19c. Nickname or shortened first name			19d. Pre-adoptive name or other alias name / how used		
19e. Other alias name / how used					
SECTION C – TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20, 21, & 23-27; complete 22 when applicable.)					
20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana?			If yes, was there ever any negative action taken on the foster care application or license?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Minor, Employee, or Volunteer			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.					
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.					
22. * The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below.					
<input type="checkbox"/> If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law.					
23. Signature of staff member completing check			24. Title of staff member completing check		25. Date (mm/dd/yyyy)
26. Printed name of staff member completing check			27. Indiana Department of Child Service office completing check		
			_____ County Local Office / Central Office Background Check Unit		



INDIANA REQUEST FOR A CHILD PROTECTION SERVICES (CPS) HISTORY CHECK

State Form 52802 (R5 / 8-13) / CW 2128
DEPARTMENT OF CHILD SERVICES

All spaces must be completed and typed or printed in all capital letters.

* **PLEASE NOTE:** If Indiana CPS history is required prior to 1998, the request form must be sent to the DCS local office in the count(ies) of interest. When more than one county is included in the search period prior to 1998, the request must be sent to each DCS local office. All DCS local offices can also perform statewide CPS searches for dates January 1, 1998, through the present. Contact information of each of Indiana's DCS local offices can be found at the DCS website, www.in.gov/dcs. On the left hand side of the page, click on Contact Us, and then click on Local.

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3. Type of requesting organization					
<input checked="" type="checkbox"/> Agency Licensed by Indiana Department of Child Services (insert name of agency) ADOPTIONS OF INDIANA					
<input type="checkbox"/> Agency Contracted/Subcontracted by Indiana Department of Child Services (insert name of agency) _____					
<input type="checkbox"/> Other (insert name of requestor) _____					
4. Name of contact person for organization Meg Sterchi			5. Telephone number (include area code) (317) 574-8950		6. Fax number (include area code) (317) 574-8971
7. Mailing address of organization (number and street, city, state, and ZIP code) 1980 E. 116th Street, Suite 325, Carmel, IN 46032				8. E-mail address of requestor meg@adoptionsofindiana.org	
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9. Signature of applicant or applicant's legal representative _____		10. Relationship to applicant _____		11. Date signed (mm/dd/yyyy) _____	12. Gender of applicant <input type="checkbox"/> Male <input type="checkbox"/> Female
13. Typed or printed name of applicant or applicant's legal representative (as signed in #9) _____			14. Date of birth of applicant (mm/dd/yyyy) _____		15. Race of applicant _____
16. Current residential address of applicant (number and street, city, state, and ZIP code) _____				17. Last four digits of applicant's Social Security Number (List all numbers ever used.) XXX-XX-	
18. Please list all Indiana counties in which the applicant has resided, beginning with the most recent or current in 18a and descending to the oldest. Provide the month and year that residency began and ended in each county listed. For special or unusual situations, please explain (use additional paper if necessary).					
County		Year Began	Year Ended	County	
Example - XYZ County		02/1992	Current	18c.	
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19. Has applicant ever used an alias, including different first, middle, or last name or combination of names in lifetime? <input type="checkbox"/> Yes <input type="checkbox"/> No				If yes, complete 19a through 19e. If no, please stop.	
Please list all aliases applicant ever used. Each listing should indicate type of alias with a label including but not limited to maiden, previous married, hyphenated, shortened first names or use of middle names, change of middle name, nicknames, or pre-adoptive names.					
19a. Maiden name (if ever married) (first, middle, and last name) _____			19b. Other last name(s) _____		
19c. Nickname or shortened first name _____			19d. Pre-adoptive name or other alias name / how used _____		
19e. Other alias name / how used _____					
SECTION C - TO BE COMPLETED BY INDIANA DEPARTMENT OF CHILD SERVICES ONLY (Complete 20, 21, & 23-27; complete 22 when applicable.)					
20. Has the above-named applicant ever applied for or been licensed as a foster parent in Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - Minor, Employee, or Volunteer			If yes, was there ever any negative action taken on the foster care application or license? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If there is history of any negative action, for each negative action provide the type of action and the month and year the action was effective.					
21. Does the above-named applicant have a record of substantiated child abuse or neglect as a perpetrator within Indiana? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, for each substantiation list the type of case (i.e. neglect, physical abuse and/or sexual abuse), the month and year of the substantiation approval, the DCS local office that conducted the assessment, and that DCS local office's telephone number. The requestor should contact the DCS local office at the telephone number provided for more detail.					
22. * The search was completed using electronic statewide records that include the dates January 1, 1998, through the date indicated in item 25 below. <input type="checkbox"/> If this box is checked, the search also includes paper records retained by the DCS Local Office in _____ County, Indiana, for the time period prior to 1998, as permitted by Indiana Law.					
23. Signature of staff member completing check _____			24. Title of staff member completing check _____		25. Date (mm/dd/yyyy) _____
26. Printed name of staff member completing check _____			27. Indiana Department of Child Service office completing check _____ _____ County Local Office / Central Office Background Check Unit		