Benton County Juvenile Court
5600 West Canal Place ♦ Kennewick, WA 99336-1388
(509) 783-2151 ♦ Fax (509) 736-2728

Benton County GAL Program

Dear Volunteer:

Please fill out the attached documents completely. (Print each page separately)

Application
- ☐ Include 4 references with **complete** email and mailing address (Please write clearly and ensure accuracy and please do not include relatives)
- ☐ Sign and date application
- ☐ Complete GAL Program Attachment, pages 4 & 5

Volunteer Oath of Office
- ☐ Print your name, then sign and date form.

Information and Systems Agreement
- ☐ Signature required

RCW 13.40.570
- ☐ Read and initial RCW 13.40.570

Volunteer Background Check Authorization and Release
- ☐ Please provide information requested on **both** pages
- ☐ Signature required
- ☐ **Include a copy of your driver's license**

Waiver of Confidentiality GAL Program
- ☐ Signature and date required (Please print name also)

Volunteer Background Information Sheet
- ☐ Fill out all that applies to you
- ☐ Signature required
- ☐ Copy of Noncriminal Justice Applicant's Privacy Rights provided

DCYF (Children's Administration) Authorization for Records Check
- ☐ Fill out section C (Yellow highlighted section: name, DOB, former names, address, etc.)
- ☐ Signature Page (sign & date)

Noncriminal Justice Applicants Privacy Rights
- ☐ Initial and date

Please print the packet one-sided (with each page separate) and return to the GAL Office at the above address.

Benton County Juvenile Court

Hon. Jacqueline Stam
Presiding Juvenile Court Judge

5600 W Canal Place
Kennewick, WA 99336
PHONE (509) 783-2151

Gordon Thomasson
Administrator

VOLUNTEER/INTERN APPLICATION

LAST NAME:_____ FIRST NAME:_____ MIDDLE:_____

HOME ADDRESS:_____
(Street) (City) (Zip)

BIRTH DATE:_____ GENDER:_____ SSN:_____

HOME PHONE:_____ CELL PHONE:_____ EMAIL: _____

IN CASE OF EMERGENCY, NOTIFY:_____ PHONE_____

RELATIONSHIP TO YOU:_____

EMPLOYER:_____ WORK PHONE:_____

WORK ADDRESS:_____ OCCUPATION_____
(Street) (City) (Zip)

CIRCLE THE HIGHEST GRADE COMPLETED: 8 9 10 11 12 13 14 15 16 DEGREE:_____

AREA OF STUDY:_____ CURRENTLY IN SCHOOL: ☐ YES ☐ NO WHERE?_____

DO YOU OWN AN OPERABLE AUTOMOBILE? YES ☐ NO ☐ IS THIS AUTOMOBILE INSURED? YES ☐ NO ☐

NAME OF INSURANCE COMPANY:_____ AGENT:_____

WHAT LANGUAGE (S) DO YOU: SPEAK_____ READ_____ WRITE_____

ORGANIZATION YOU REPRESENT:_____

ORGANIZATION'S ADDRESS:_____ PHONE:_____

DEPARTMENT WITHIN JUVENILE COURT YOU WISH TO WORK WITH: (**Guardian ad Litem**) _____

WERE YOU REFERRED TO THIS AGENCY BY AN EMPLOYEE OF THE JUVENILE COURT? YES ☐ NO ☐

IF YES, WHO REFERRED YOU?_____

WHY DO YOU WANT TO VOLUNTEER WITH THE JUVENILE COURT AND WHAT IS THE LENGTH OF COMMITMENT YOU COULD GIVE TO THIS AGENCY?_____

_____

LIST ANY VOLUNTEER EXPERIENCE:_____

HAVE YOU HAD ANY EXPERIENCE WITH CHILD ABUSE?_____

PRESENT HEALTH:_____ **ANY HEALTH PROBLEMS EXPLAIN)**_____

PERSONAL INTERESTS, HOBBIES, OR SKILLS:_____

PLEASE LIST FOUR (4) REFERENCES: (INCLUDE AN EMPLOYER OR IMMEDIATE SUPERVISOR, IF APPLICABLE, AND AT LEAST TWO (2) PEOPLE WHO HAVE KNOWN YOU FOR TWO YEARS OR LONGER)

NAME	RELATIONSHIP (Non-Relative)	CONTACT INFORMATION Please write clearly and ensure accuracy. (Include City, State & Zip Code)
		Email: Address:
		Email: Address:
		Email: Address:
		Email: Address:

COMMENTS:_____

In my service as a volunteer, I agree that I am acting as an agent of the Juvenile Court, and I will exercise due cause and act in good faith. I will respect and abide by the rights and responsibilities of professional staff noted on the reverse of this application.

I hereby declare that the above information is true and correct to the best of my knowledge.

SIGNATURE:_____ DATE:_____

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION POLICY: The Benton County Juvenile Court does not discriminate in regard to race, color, religion, sex, nation origin, age, political affiliation, disability status or any other non-merit factor. BCJC is also committed to an Affirmative Action Program.

Volunteer Application
(GAL Program Attachment)

1. Why would you like to become a GAL volunteer?

2. As a volunteer, what would you like to accomplish for yourself?

3. Have you had any personal experience involving
   ☐ Child Welfare System ☐ Court System ☐ Foster care ☐ Child servicing agencies?
   If yes, please explain:

4. List any health problems or handicaps you have which should be taken into account:

5. Have you ever been a victim of abuse, including domestic violence? ☐ Yes ☐ No
   If yes, please describe what steps you have taken to deal with the abuse issue(s):

6. Have you or a member of your family been investigated by Child Protective Services? ☐ Yes ☐ No
   If yes, please explain whom it involved and to what extent:

7. Have you or a member of your family experienced an addiction to illegal substances (drugs or alcohol)?
   ☐ Yes ☐ No If yes, please explain:

8. Have you or a member of your family been involved or referred to Juvenile Probation? ☐ Yes ☐ No
   If yes, please explain:

9. Do you have a divorce/custody proceeding in Superior Court and have a GAL assigned on your case?
   ☐ Yes ☐ No If yes, please explain:

NOTE: Please attach a statement on a separate sheet of paper regarding the circumstances for any "yes" answers to the following questions:

10. Have you been in the past or are you currently involved in any court proceedings? ☐ Yes ☐ No Where?

11. Are you currently on probation or parole? ☐ Yes ☐ No

12. Have you had your name placed on a registry of child or adult abuse in this or any other city, county or state?
    ☐ Yes ☐ No

13. Have you ever been denied a license to care for children or adults? ☐ Yes ☐ No

14. Have you ever had a license to care for children or adults suspended or revoked? ☐ Yes ☐ No

Benton County Juvenile Court

Hon. Jacqueline Stam
Presiding Juvenile Court Judge

5600 W Canal Place
Kennewick, WA 99336
PHONE (509) 783-2151

Gordon Thomasson
Administrator

JUVENILE COURT VOLUNTEER OATH OF OFFICE

I will conscientiously do my best to serve the court and the community as a representative of the Benton County Juvenile Court. I will provide services to the court as directed and authorized, and abide by the rules, regulations, policies and code of ethics of the court.

I will keep confidential any information, records, files, papers, and/or communications to which I gain access in the course of my duties. I will not disclose any information except to those who have recognized status in the matter or unless otherwise directed by the court.

As a court volunteer, I understand that I am a mandated reporter 24 hours a day. I will report all incidences of abuse or neglect pursuant to RCW 26.44.030.

I certify that I have read and am knowledgeable of the requirements of RCW 13.40.570 (see attached – Sexual misconduct by state employees, contractors) and of the new crimes committed included in RCW 9a.44, Sexual Offense (see attached listing).

In the event that there is a change in my criminal history status during my volunteerism with the Benton Juvenile Court, I will notify my immediate supervisor or manager by the next business day.

_____
Juvenile Court Volunteer

_____ _____
Juvenile Court Volunteer Signature Date

Attached: RCW 13.40.570 – Sexual misconduct by state employee, contractors
Chapter 9A.44 RCW Sex Offenses – List of RCW Sections

WASHINGTON STATE LEGISLATURE

Chapter 9A.44 RCW

Sex Offenses

RCW Sections

9A.44.010 Definitions.

9A.44.020 Testimony -- Evidence -- Written motion -- Admissibility.

9A.44.030 Defenses to prosecution under this chapter.

9A.44.040 Rape in the first degree.

9A.44.045 First degree rape -- Penalties.

9A.44.050 Rape in the second degree.

9A.44.060 Rape in the third degree.

9A.44.073 Rape of a child in the first degree.

9A.44.076 Rape of a child in the second degree.

9A.44.079 Rape of a child in the third degree.

9A.44.083 Child molestation in the first degree.

9A.44.086 Child molestation in the second degree.

9A.44.089 Child molestation in the third degree.

9A.44.093 Sexual misconduct with a minor in the first degree.

9A.44.096 Sexual misconduct with a minor in the second degree.

9A.44.100 Indecent liberties.

9A.44.105 Sexually violating human remains.

9A.44.115 Voyeurism.

9A.44.120 Admissibility of child's statement -- Conditions.

9A.44.130 Registration of sex offenders and kidnapping offenders -- Procedures -- Definition -- Penalties.

9A.44.135 Address verification.

9A.44.140 Registration of sex offenders and kidnapping offenders -- End of duty to register -- Expiration of subsection.

9A.44.145 Notification to offenders of changed requirements.

9A.44.150 Testimony of child by closed-circuit television.

9A.44.160 Custodial sexual misconduct in the first degree.

9A.44.170 Custodial sexual misconduct in the second degree.

9A.44.180 Custodial sexual misconduct -- Defense.

9A.44.900 Decodifications and additions to this chapter.

9A.44.901 Construction -- Sections decodified and added to this chapter.

9A.44.902 Effective date -- 1979 ex.s. c 244.

9A.44.903 Section captions -- 1988 c 145.

WASHINGTON STATE LEGISLATURE

RCW 13.40.570

Sexual misconduct by state employees, contractors. (Effective July 1, 2006.)

(1) When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between an employee and an offender has occurred, notwithstanding any rule adopted under chapter 41.06 RCW the secretary shall immediately suspend the employee.

(2) The secretary shall immediately institute proceedings to terminate the employment of any person:

(a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the offender; or

(b) Upon a guilty plea or conviction for any crime specified in chapter 9A.44 RCW when the victim was an offender.

(3) When the secretary has reasonable cause to believe that sexual intercourse or sexual contact between the employee of a contractor and an offender has occurred, the secretary shall require the employee of a contractor to be immediately removed from any employment position which would permit the employee to have any access to any offender.

(4) The secretary shall disqualify for employment with a contractor in any position with access to an offender, any person:

(a) Who is found by the department, based on a preponderance of the evidence, to have had sexual intercourse or sexual contact with the offender; or

(b) Upon a guilty plea or conviction for any crime specified in chapter 9A.44 RCW when the victim was an offender.

(5) The secretary, when considering the renewal of a contract with a contractor who has taken action under subsection (3) or (4) of this section, shall require the contractor to demonstrate that there has been significant progress made in reducing the likelihood that any of its employees will have sexual intercourse or sexual contact with an offender. The secretary shall examine whether the contractor has taken steps to improve hiring, training, and monitoring practices and whether the employee remains with the contractor. The secretary shall not renew a contract unless he or she determines that significant progress has been made.

(6)(a) For the purposes of RCW 50.20.060, a person terminated under this section shall be considered discharged for misconduct.

(b)(i) The department may, within its discretion or upon request of any member of the public, release information to an individual or to the public regarding any person or contract terminated under this section.

(ii) An appointed or elected public official, public employee, or public agency as defined in RCW 4.24.470 is immune from civil liability for damages for any discretionary release of relevant and necessary information, unless it is shown that the official, employee, or agency acted with gross negligence or in bad faith. The immunity provided under this section applies to the release of relevant and necessary information to other public officials, public employees, or public agencies, and to the public.

(iii) Except as provided in chapter 42.56 RCW, or elsewhere, nothing in this section shall impose any liability upon a public official, public employee, or public agency for failing to release information authorized under this section. Nothing in this section implies that information regarding persons designated in subsection (2) of this section is confidential except as may otherwise be provided by law.

(7) The department shall adopt rules to implement this section. The rules shall reflect the legislative intent that this section prohibits individuals who are employed by the department or a contractor of the department from having sexual intercourse or sexual contact with offenders. The rules shall also reflect the legislative intent that when a person is employed by the department or a contractor of the department, and has sexual intercourse or sexual contact with an offender against the employed person's will, the termination provisions of this section shall not be invoked.

(8) As used in this section:
(a) "Contractor" includes all subcontractors of a contractor;
(b) "Offender" means a person under the jurisdiction or supervision of the department; and
(c) "Sexual intercourse" and "sexual contact" have the meanings provided in RCW 9A.44.010.

Volunteer Initials

_____

Benton County Juvenile Court

Hon. Jacqueline Stam
Presiding Juvenile Court Judge

5600 W Canal Place
Kennewick, WA 99336
PHONE (509) 783-2151

Gordon Thomasson
Administrator

VOLUNTEER BACKGROUND CHECK AUTHORIZATION AND RELEASE

PRINT LEGIBLY:

Last Name | **First Name** | **Middle Name**

All Other Previous Names Used | **Date of Birth** (***MM/DD/YYYY***)

Driver's License Number/State | **Social Security Number**

States of Residence (Current and all former within last 10 years)

Acknowledgement

A background check is required of all Benton County Juvenile Court volunteers assigned to work with youth or programs affiliated with BCJC. Successful completion of the background check, as determined by BCJC, is required prior to the first day of assignment. **I understand that volunteer status with BCJC is contingent upon the results of a background check. I understand that adverse findings during my background check may result in withdrawal of any offer of assignment with BCJC, and/or termination of my assignment with BCJC. I further understand that if I am found to have made any false or misleading statements in my application or background check materials, I may have my volunteer status terminated even after I have started an assignment, and may subject myself to criminal prosecution.**

Authorization and Release

I hereby authorize BCJC to conduct a background check in connection with my application for volunteer assignment with BCJC. I understand that this background check may include, but is not limited to, a review of records on file with the Washington State Patrol, the FBI National Crime Information Computer (NCIC) and Interstate Identification Index (III), local law enforcement agencies, the Department of Licensing, courts of law, and other agencies, and also may, depending upon my assignment, involve fingerprinting. I understand that a more comprehensive background check is required for certain BFJJC volunteer positions and may include review of records relating to arrests and/or other contacts with law enforcement.

This release form authorizes yearly background/fingerprint checks as required by law on all GAL volunteers while on active cases, social security number verification every 4 years, and a National Sex Offender Registry background check.

I hereby authorize and request any person, government entity, law enforcement or criminal justice agency and/or other organization (public or private) to provide any information and/or records solicited by BCJC in connection with my volunteer application with BCJC. I hereby release those persons and entities, and BCJC, its elected officials, judges, directors, appointees, managers, employees, volunteers, agents, and assigns, from any and all liability that may result from providing and/or soliciting such information and/or records. A facsimile copy or photocopy of this waiver shall have the same force and effect as a copy with my original signature.

Adverse History Information

The following information pertains to all incidents, whether under Washington State law, the law of another State, or federal law. If you answer "yes" to any question, please provide details including the date, location/jurisdiction, case number, charge if applicable, and arresting agency if possible.

☐ Yes ☐No Have you ever been convicted of, or are you currently charged with, any crime (this includes adjudications as a juvenile unless expunged or vacated)?

☐ Yes ☐ No Have you ever been found by way of any judicial, administrative, or employer process or investigation to have committed sexual harassment or to have engaged in any other forcible or nonconsensual sexual conduct?

☐ Yes ☐ No Have you ever been terminated from employment or a previous position (including volunteer positions), or permitted to resign in lieu of termination?

Continuing Nature of Adverse Information

I understand that during all times I have volunteer status with BCJC, I am required to inform my immediate supervisor or coordinator any time I am charged with or convicted of any crime, and any time I am named as a defendant/respondent in any lawsuit or complaint alleging sexual harassment or other forcible or nonconsensual sexual conduct. I understand that failure to make such notification within one business day of such action, excluding any time I am incarcerated or otherwise incapable of making such notification, shall be grounds for discipline up to and including immediate termination of my volunteer status with BCJC.

I have read, fully understand, and voluntarily provide this Authorization and Release. By signing below, I also certify, under penalty of perjury as provided by the laws of the State of Washington, that I am the person identified above, and that all of the biographical, adverse history, and other information provided above is true, correct, and complete to the best of my knowledge.

Signature Of Volunteer Applicant **Date**

Volunteer: A copy of your valid Washington State Driver's License or ID card must be included with this form when returned

BENTON COUNTY GAL PROGRAM
VOLUNTEER PERSONAL INFORMATION SHEET

NAME:	**RACE:**
HIGH SCHOOL: _____ Graduated? ☐ Yes ☐ No	**(for statistical purposes only; will not be included on Background Information Record)**

COLLEGE ATTENDED:

Name:	Dates attended:	Area(s) of study:	Graduated?	Degree Achieved (BA, BS, etc)
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

GRADUATE SCHOOL ATTENDED:

Name:	Dates attended:	Area(s) of study:	Graduated?	Degree Achieved
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

OTHER COUNTIES OR GAL PROGRAMS IN WHICH YOU WERE APPOINTED; DATE AND NUMBER OF APPOINTMENTS IN THAT COUNTY/PROGRAM:

OTHER TRAINING RELEVANT TO GAL ROLE: (Please List)

I understand that as a condition of appointment, a guardian ad litem's background information record shall be made available to the court (per RCW 13.34.100). I agree to inform the Benton County GAL Program of any updates to the background information provided above.

_____ _____
Volunteer's signature **Date**

WAIVER OF CONFIDENTIALITY GAL PROGRAM
FORM APPROVED

I, _____, have applied to serve as a volunteer Guardian ad Litem in Dependency cases for Washington Courts. As part of the application process, I understand that I must submit to a criminal background check by providing fingerprint images to the Washington State Patrol and the Federal Bureau of Investigation. Furthermore, I understand that before I am assigned a dependency case, the Local GAL program manager pursuant to local standards must review and consider any information reported by the criminal background check.

By signing this form, I hereby acknowledge that criminal background information and other criminal history related information received from the Washington State Patrol and Federal Bureau of Investigation criminal background check will be released to the following:

1. Benton County GAL Program
2. Administrative Office of the Courts
3. _____
   (list other agency if applicable)

_____ _____
GAL Volunteer Signature Date

_____
Print Name

_____ _____
Program Manager Signature Date

Instructions

Purpose

The information provided through this service, and with this form, is limited to the existence of founded findings of child abuse and neglect. "Inconclusive" or "unfounded" findings, or other information contained in the individual's record, will not be provided through this process. You must use this form if you are (1) a public child welfare agency, (2) a private agency with the authority to place children or agencies required to check any child abuse and neglect registry maintained by Washington state, or by individuals hired by employers or agencies required to obtain this information, (3) an individual making a self-request, or (4) an individual approved by the court under Washington chapter 26.33 RCW to complete an adoption pre-placement or post-placement report, to obtain information from DCYF about the history of founded allegations of Child Abuse and Neglect for placement purposes. Specific records requests must be made through the DCYF Public Disclosure at 1-844-506-8375 or dcyfpublicdisclosure@dcyf.wa.gov.

Use

You must type information on this form and the signatures must be handwritten. A scanned copy of the final document is acceptable. Use the tab key to move between fields. "Requestor" refers to the person or agency who is requesting the record. The "Authorization" signature is the signature of the person whose records will be reviewed for child abuse and neglect history. A separate form must be completed for each person whose records are requested.

Parts of Form

A. Requestor Information

- Name: Provide the full name of the person requesting the information. This should be an employee of a private or public child welfare agency, a person who is authorized to complete an adoption pre-placement or post-placement report under chapter 26.33 RCW, an employer or agency required by law to check any child abuse and neglect registry maintained by Washington state, or the individual submitting a self-request. .
- Agency's Name and Requestor's Title: Provide the name of the agency and title of the employee of the private or public child welfare agency requesting the information. If you are an individual approved to complete adoption pre-placement and post-placement reports, state "adoption home study investigator." For self-requests required in order to have unsupervised access to children, provide the position you are seeking and the agency or business requiring this information.
- Mailing Address: Provide the mailing address of the agency or business requesting the information or your information if you wish results sent back to you.
- Telephone Number: Provide the telephone number for the agency or business requesting the information, include the area code or your number if self-requesting.
- Fax Number: Provide the fax number for the agency or business requesting the information, include the area code.
- E-Mail Address: Provide the agency e-mail address for the person requesting the information or your e-mail address if self-requesting and you wish results sent to you.

B. Signature of Requestor

- Requested By (Signature): The person requesting the information must sign the document.
- Date Signed: The person requesting the information must include the date that the document was signed.

C. Subject of Records Requested

- Name: Provide the full name of the individual whose records you are requesting to be checked. If you are self-requesting, provide your name as instructed.
- Last Washington State Mailing Street Address: If the individual no longer lives in Washington, please provide the last Washington State mailing address of the individual whose records are requested to be checked. If the individual is still a resident of Washington State, provide his or her current Washington State mailing address.
- Date of Birth: Provide your date of birth or of the individual whose records you are requesting to be checked.
- Previous Names Used (AKA, Aliases or Maiden): Provide any other names you have used or known to be used by the individual whose records you are requesting to be checked.
- Social Security Number: Provide the social security number of the individual whose records you are requesting to be checked. The social security number of the individual whose records you are requesting is optional and assists in the proper identification of an individual's records.

D. Authorization

- Signature: The individual self-requesting or whose records you are requesting must sign the document, unless you are otherwise authorized under law to receive this confidential information.
- Date Signed: The individual self- requesting or whose records you are requesting must include the date that he/she signed the document.

  If you believe that you have independent legal authority to receive this confidential information without a signed authorization of the individual whose information you are requesting you must attach a copy of the court order, other documentation and/or explanation of the legal basis for your authority to obtain this confidential information will make an independent determination based on the information you provide and the applicable state and federal laws whether you are legally authorized to obtain this information.

Washington State Department of CHILDREN, YOUTH & FAMILIES

In-State Child Abuse and Neglect Founded Findings Request

The information provided through this service is limited to the existence of founded findings (substantiated findings) of allegations of child abuse and neglect, and complies with the Adam Walsh Child Protection and Safety Act, the Child Care and Development Block Grant Act and the Family First Prevention Services Act.

1. Complete one form for each individual for whom a child abuse/neglect findings request is being requested and:
   a. **E-mail** to CANhistorychecks@dcyf.wa.gov, **or**
   b. **Fax** completed requests to 206-341-7930, **or**
   c. **Mail** completed requests to:

Department of Children, Youth, and Families CA/N
History Checks
P.O. Box 40993
Olympia, WA 98504

A. Requestor Information			
LAST NAME	FIRST NAME	AGENCY NAME AND REQUESTOR'S TITLE **Benton County Juvenile Court**	
MAILING ADDRESS **5600 W Canal Dr.**		CITY **Kennewick**	STATE **WA**	ZIP CODE **99336**
TELEPHONE NUMBER (WITH AREA CODE) 509-783-2151	FAX NUMBER (WITH AREA CODE) 509-736-2728	E-MAIL ADDRESS	
B. Signature of Requestor			
REQUESTED BY (SIGNATURE)		DATE SIGNED	
C. Subject of Records Requested			
LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH
PREVIOUS NAMES USED (AKA, ALIASES OR MAIDEN)		GENDER	Social Security Number
CURRENT WASHINGTON STATE MAILING /STREET ADDRESS		STATE	ZIP CODE
CITY			
D. Authorization			
By signing below, I authorize the State of Washington Department of Children, Youth, and Families to release confidential information about the existence of any founded findings of child abuse or neglect to the requesting individual or agency identified above.			
SUBJECT'S SIGNATURE		DATE SIGNED	
Response by the Washington State DCYF			
The result of a search of the DCYF child welfare records, pursuant to the data provided above is as follows: ☐ Our records do not indicate that the person identified in your inquiry request has been named as a subject in a founded finding of abuse or neglect. ☐ Our records indicate that one or more founded findings exist in which the person identified in your inquiry request was the subject.			
STAFF SIGNATURE		DATE SIGNED	

Call 1-800-998-3988 prompt 1 or e-mail CANhistorychecks@dcyf.wa.gov with any questions.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. 1 These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- **You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. 2**
- **You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.**
- **You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.**
- **If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.**
- **If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)**
- **You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.3**

1 Written notification includes electronic notification but excludes oral notification.
2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement
3 See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d)

Applicant Initials	Date copy provided