

REQUEST FOR CONVICTION RECORDS / ADOPTIONS AND FOSTER HOMES

Pursuant to KRS 199.462, a request is made for any record of conviction(s) of a crime by the person identified herein. This information shall be released to:

Organization Name and Address

Organization Ivame and Address

ACKNOWLEDGMENT BY APPLICANT

I am a certified adoptive or foster home provider, or I have applied to receive a child for adoption or to provide foster care or relative caregiver services to a child, or I am an adult household member of the applicant/ certified provider. I am requesting that the Kentucky State Police provide the above named organization with any record of conviction found in the files of the Kentucky centralized criminal history record information system. I know that I have the right to inspect my criminal history record and to request correction of any inaccurate information. If I do not exercise that right, I agree to hold harmless the Kentucky State police and any Kentucky State Police employee(s) from any claim for damages arising from the dissemination of inaccurate information.

APPLICANT INFORMATION (PLEASE PRINT)

| NAME: | | | | | | | |
|------------------|---------|----------------|----------------|---------|---------------|--------|--|
| First | | Middle | | Last | | Maiden | |
| ADDRESS: | | | | | | | |
| | Street | | City | State | Zip | | |
| a=== | | | 70 7 | ana 110 | | | |
| SEX: | _ RACE: | DATE OF BIRTH: | SOC SEC NO: | | | | |
| *PLACE OF BIRTH: | | | | | | | |
| | | City | State/Province | | Birth Country | | |
| | | | | | | | |
| Signature | | Date | Wit | ness | | Date | |

* This information should be provided for International Adoptions only

INSTRUCTIONS:

Requesting agencies should ensure that all application information is completed.

Requesting agencies should forward a check or money order made payable to the **Kentucky State Treasurer** in the amount of **\$20.00** for each submitted form. Requests should be accompanied by **two, self –addressed stamped envelopes** – one bearing the name and address of the requesting agency and the other bearing the name and address of the applicant.

The Kentucky State Police will charge a \$25.00 fee on each returned check.

RETURN THIS FORM TO: Kentucky State Police

Criminal Identifications and Records Branch Criminal Records Dissemination Section

1266 Louisville Road Frankfort, KY 40601

Visit us online @ http://kentuckystatepolice.org