

## PROCESS FOR LIMITED CRIMINAL HISTORY CHECK

Applicants for licensure as an educator in Indiana are required (IC 20-6.1-3-7.1) to submit a limited criminal history report with their application. The report must be obtained through the Indiana State Police Central Repository.

Limited Criminal History Information is defined as all arrest, indictment, information or other formal criminal charges less than one (1) year old that include a final disposition.

The address of the Central Repository is as follows:

Indiana State Police  
Central Repository  
Indiana Government Center North  
100 North Senate Avenue  
Room N302  
Indianapolis, IN 46204-2259

If you have any questions about the limited criminal history report, please contact the Central Repository at (317)-232-8262, Monday through Friday.

The following process applies to requests for all original (standard, limited, reciprocal) licenses, substitute certificates; renewal and addition, and professionalization actions; and name changes, degree changes, and license corrections:

- Complete form 8053, including the requested personal information at the top of the form. Under *Reason for Request* check boxes 1 and 2 only. Note that the authority requested for box 2 is IC 20-6.1-3-7-1
- Note also that you are the requester and the subject of the request.
- Submit the following to the Central Repository at the address listed above:  
**Form 8053, a money order or cashier's check for \$7.00 (no personal checks) payable to the State of Indiana. The results will be returned to you.**  
**Note: The request must be sent to the Indiana State Police in accordance with the state law.**
- Make a copy for your records and then include your **original** limited criminal history report with your application for an Indiana teaching license and forward to the Indiana
- Professional Standards Board address listed below.

Note: You are not required to submit your fingerprints to obtain the limited criminal history check.

The limited criminal history report is valid for one year **after** the issuance of the criminal history report regardless of the number of license actions requested with the time frame.

The Indiana Professional Standards Board must retain the original copy of your limited criminal history report. Our office will not provide copies of the report.

**REQUEST FOR LIMITED CRIMINAL HISTORY INFORMATION**

Requesting Agency or Individual \_\_\_\_\_ (NAME) \_\_\_\_\_ (AREA CODE & TELEPHONE NUMBER)

Subject of Request: \_\_\_\_\_ (LAST NAME) \_\_\_\_\_ (FIRST NAME) \_\_\_\_\_ (M.I.) \_\_\_\_\_ (DATE OF BIRTH) \_\_\_\_\_ (ADDRESS) \_\_\_\_\_ (SEX) \_\_\_\_\_ (RACE) \_\_\_\_\_ (MISCELLANEOUS NUMBER)

**REASON FOR REQUEST:**

- 1.  Applicant has applied for employment with a non-criminal justice organization or individual.
- 2.  Applicant has applied for a license and criminal history data is required by law to be provided in connection with the license.  
Set out authority **IC 20-6.1-3-7.1**
- 3.  Applicant is candidate for public office or a public official.
- 4.  Is in the process of being apprehended by a law enforcement agency.
- 5.  Is placed under arrest for the alleged commission of a crime.
- 6.  Has charged that his rights have been abused repeatedly by criminal justice agencies.
- 7.  Is the subject of judicial decision or determination with respect of the setting of bond, plea bargaining, sentencing or probation
- 8.  Has volunteered services that involve contact with, care of, or supervision over child who is being placed, matched, or monitored by a social services agency or a not-for-profit corporation.
- 9.  Is being investigated for welfare fraud by an investigator of the state department of public welfare or a county department of public welfare.
- 10.  Is being sought by the parent locator service of a child support division of the state department of public welfare.
- 11.  Has been convicted of any of the following:
  - (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
  - (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
  - (C) Child molesting (IC 35-42-4-3).
  - (D) Child exploitation (IC 35-42-4-6),
  - (E) Vicarious sexual gratification (IC 35-42-4-5).
  - (F) Child solicitation (IC 35-42-4-6).
  - (G) Child seduction (IC 35-42-4-7).
  - (H) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.

**REQUEST MADE PURSUANT TO IC 5-2-5-13?**

- A.  Prospective adult volunteer for children (copy of non-profit status enclosed).
- B.  Home Health Agency (copy of non-profit status enclosed).
- C.  Department of Public Welfare Day Care/Foster Home Licensing of licensee.

**WARNING PENALTY FOR MISUSE SEE REVERSE SIDE**

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purpose:

- 1. other than those stated in the request; or
- 2. which deny the subject any civil right to which the subject is entitled.

IC 5-2-5-5: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

\_\_\_\_\_  
(SIGNATURE OF REQUESTER) \_\_\_\_\_ (DATE)  
\_\_\_\_\_  
(STREET ADDRESS)  
\_\_\_\_\_  
(CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP CODE)

**FOR STATE POLICE USE ONLY**

No Record on File       Record Inspected       Record Released      Fee \$ \_\_\_\_\_  
 Information provided not verified by fingerprints.

\_\_\_\_\_  
(SIGNATURE OF DEPARTMENT EMPLOYEE) \_\_\_\_\_ (DATE)

INSTRUCTION FOR COMPLETING REQUEST FOR LIMITED CRIMINAL HISTORY

REQUESTING AGENCY OR INDIVIDUAL	Name of individual or agency requesting the LCH. If Request is for a Home Health Care Agency, it <b>must</b> be specified on this line.
TITLE	Formal title of the requesting individual who signs As a requester at the bottom of the form.
SUBJECT OF REQUEST	Last name, first name and middle initial of the individual being checked - <b>must</b> include date of birth, address, sex, and race of individual. <b>ONLY ONE INDIVIDUAL PER REQUEST FORM.</b>
REASON FOR REQUEST:	Check the applicable line referring to your request. An organization making a request under IC-5-2-5-13A must include proof of their NOT FOR PROFIT status. A copy of their "Certificate of Good Standing" issued by the Secretary of State will suffice. Requests made pursuant to IC 5-2-5-13B the REQUESTING AGENCY line must show the State or County Welfare Department, along with individual department/agency name if applicable.
SIGNATURE OF REQUESTER	This line must contain the signature of the person making the request
DATE	The date of request.
STREET ADDRESS:	The requester's street address.
CITY, STATE, ZIP CODE:	The requester's city, state and zip code.

**PLEASE PROVIDE ALL INFORMATION REQUESTED,**  
It will prevent return of the request form and speed up our response.  
MAIL REQUEST TO ADDRESS LISTED BELOW:

Indiana State Police  
Central Repository  
Indiana Government Center North  
100 North Senate Avenue  
Room #302  
Indianapolis, IN 46204-2259