CRIMINAL RECORD STATEMENT

Adoption Facilitator

Persons submitting an application to be included on the Adoption Facilitator Registry must be fingerprinted and disclose

any conviction(s). A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty. The fingerprint will be used to obtain a copy of any criminal history you may have.
Have you ever been convicted of a crime in California?
You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.
Have you ever been convicted of a crime from another state, federal court, military or jurisdiction outside of U.S.?
Criminal convictions from another State or Federal court are considered the same as criminal convictions in California
If you answer YES, give details on the back of this page indicating the nature and circumstances of each crime and the date and the location in which each crime occurred.
You must disclose convictions, including reckless and drunk driving convictions even if:
1. It happened a long time ago;
2. It was only a misdemeanor;
You didn't have to go to court (your attorney went for you);
4. You had no jail time or the sentence was only a fine or probation;
5. You received a certificate of rehabilitation;
The conviction was later dismissed, set aside or the sentence was suspended.

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) WILL RESULT IN AN EXEMPTION DENIAL.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct. CITY ZIP YOUR NAME (PRINT CLEARLY) YOUR ADDRESS SOCIAL SECURITY NUMBER DATE OF BIRTH DMV LICENSE NUMBER (SEE PRIVACY STATEMENT ON REVERSE SIDE) SIGNATURE DATE

If you have been convicted of a crime in California, another state or in federal court, provide the following nformation: (You need not disclose any marijuana-related offenses covered by the marijuana reform legislation codified at Health and Safety Code sections 11361.5 and 11361.7.) What was the offense? In which state and city did you commit the offense? When did this occur? Tell us what happened. (Use additional sheets of paper if needed) I certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

II. Instructions to the Adoptions Services Bureau:

Signature

I. <u>Instructions to Respondents</u>:

If the person discloses a criminal conviction, review the person's statement. Maintain this form in your personnel file <u>and</u> send a copy to the Caregiver Background Check Bureau, 744 P Street, MS 9-15-62, Sacramento, CA 95814.

Date

PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17 and 1596.871) The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if some one in a licensed facility has a criminal record exemption. The Department must also tell people who ask, the name of a licensed facility that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.