

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



July 16, 1980

ALL-COUNTY LETTER NO. 80-42

TO: ALL COUNTY WELFARE DIRECTORS ALL COUNTY ADOPTION AGENCIES

SUBJECT: FINGERPRINTING OF ADOPTIVE APPLICANTS AND PETITIONERS TO ADOPT

REFERENCE:

Section 226.55 of the Civil Code authorizes local public adoption agencies to require persons applying or petitioning to adopt children in California to be fingerprinted for the purpose of obtaining from the State Department of Justice information regarding criminal records such persons may have. The imposition of this requirement is permissive; however, if a particular county adoption agency elects to require fingerprinting, all petitioners and applicants must be fingerprinted; the requirement may not be applied in an arbitrary or selective manner.

Fingerprint cards (BID-7) may be ordered from the Department of Justice's Bureau of Criminal Identification, P.O. Box 13417, Sacramento, California 95813, Attention: Quality Control Section, (916) 322-5261. (See attached)

Costs for taking of prints and completion of the card should be borne by the applicant/petitioner.

The Department of Justice charges a fee of \$6.10 for the processing of each completed fingerprint card. The fee is reimbursable and can be entered as a Group II Other Operating Cost on the Administrative Expense Claim. Monthly billing for the processing of cards may be arranged by contacting the Department of Justice's Central Services Unit, Attention: Bea Pruss, P.O. Box 13367, Sacramento, California 95813.

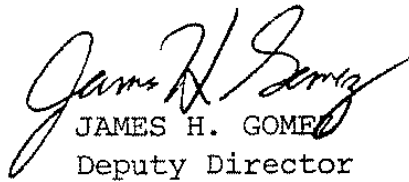
Criminal record information is to be stored in a "secure area". This is interpreted to mean that rap sheets are part of the case record and are to be secured in a locked filing cabinet. Information regarding security and release of criminal history information may be obtained by contacting Mr. Thad McNamara, Department of Justice, Criminal Records Security Unit, P.O. Box 13281, Sacramento, California 95813, (916) 445-9273.

GEN 654(7/78)

If your agency wishes to take its own prints, training may be procured by contacting the Department of Justice, Fingerprint Program, Bureau of Criminal Identification, P.O. Box 13417, Sacramento, California 95813, (916) 322-2746.

Questions regarding fingerprinting should be addressed to Mr. John McConnell, (916) 322-3778. Questions regarding fiscal problems which may arise in connection with fingerprinting should be referred to the County Fiscal Administration Bureau, (916) 445-7046.

Sincerely,



JAMES H. GOMEZ
Deputy Director

Attachments

cc: CWDA

BUREAU OF IDENTIFICATION

P. O. BOX 13417, SACRAMENTO, CALIFORNIA 95813

* Voluntary—Social Security Number will be used for identification purposes only.

APPLICANT: Failure to fill out both sides of this form completely may cause unavoidable delay.

ONE OF THESE BOXES MUST BE CHECKED

APPLICANT FOR

- | | |
|--|--|
| <input type="checkbox"/> Teachers Credential | <input type="checkbox"/> Concealed Weapon License |
| <input type="checkbox"/> School Employee | <input type="checkbox"/> State Employee |
| <input type="checkbox"/> Public Employment | <input type="checkbox"/> Other License or Permit |
| <input type="checkbox"/> Peace Officer | <input type="checkbox"/> Law Enforcement Personnel |

Drivers License Number

Social Security Number *

PLEASE COMPLETE INFORMATION BELOW

Residence Address	Business Address	Current Employment
In Emergency Notify—Name	Address	Relationship

Even though spaces below apply, it is advisable to fill out all information indicated above, for permanent personal identification record.

IF APPLICATION FOR PUBLIC EMPLOYMENT

Department or Agency of Employment	Statutory Code (If Applies to Job Title)	Title of Position
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** IF APPLICATION FOR CONCEALED WEAPON LICENSE

Reason for Desiring License. Knowingly furnishing false information is a misdemeanor (Penal Code Section 12051b).
I attest that all of the statements and information on this card are true and correct.

Signature of Concealed Weapon License Applicant		Date	
Make	Type	Caliber	Serial Number

IF APPLICATION FOR OTHER LICENSE OR PERMIT

Application for <input type="checkbox"/> License <input type="checkbox"/> Permit For:	Statutory Code (If Applies to License or Permit)
Licensing or Permit Issuing Agency	Agency and Address

APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL REQUESTED DATA

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME/ALIASES

THIS DATA MAY BE COMPUTERIZED IN
LOCAL, STATE AND NATIONAL FILES

**CONCEALED WEAPONS APPLICANTS FILL
OUT REVERSE SIDE COMPLETELY

STATE OF CALIFORNIA
DEPARTMENT OF JUSTICE
Bureau of Identification
P.O. BOX 13417
SACRAMENTO, CA 95813

AGENCY
AND ADDRESS

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

SUBMITTING AGENCY
No.

SEX

HT. (IN.)

WT.

EYES

HAIR

DATE OF BIRTH

SIGNATURE OF OFFICIAL TAKING
FINGERPRINTS

(DATE)

PAYMENT
OF FEE
REQUIRED FOR
PROCESSING
BY BID

PLACE OF BIRTH (STATE)

DATE FINGERPRINTED

FBI NO.

LEAVE BLANK

CLASS

SEARCHED BY:

VERIFIED BY:

1. R. THUMB

2. R. INDEX

3. R. MIDDLE

4. R. RING

5. R. LITTLE

6. L. THUMB

7. L. INDEX

8. L. MIDDLE

9. L. RING

10. L. LITTLE

L. THUMB

R. THUMB

BUREAU OF IDENTIFICATION
SACRAMENTO, CALIFORNIA

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY