

## **Background Check Release Form and County Background Checks**

### Indiana Limited Criminal History Check and National Sex Offender Registry

You will find attached a "Consent to Release Criminal History Information" form.

This form gives St. Elizabeth/Coleman permission to complete a National Sex Offender Check as well as a Limited Criminal History for the State of Indiana

We will need full names, signatures, birth dates and Social Security numbers for <u>everyone</u> in the household over the age of 14

Return the completed forms to our office.

Feel free to make additional copies if needed.

### **County Background Check**

We do not have forms to give you for the County Check.

Every household member over the age of 18 will need to complete a Background Check for each county lived in over the past 5 years

You will need to go to your local Sheriff's Department and tell them you need to have a **County Background Check** completed. If you have lived in other counties over the last five years, you will need to have a **check completed** in **each county**.

# CONSENT TO RELEASE CRIMINAL HISTORY INFORMATION FOR ADOPTIVE HOME STUDY

### <u>Adult # 1.</u>

I hereby consent to a release of information from law enforcement agencies, the criminal justice system and child
protection service to St. Elizabeth   Coleman regarding any prior criminal history check, arrest record, or child
protection service history. I understand that this is necessary to insure the safety of adoptive children placed in my
home.

Printed First Middle Last Name			Signature		
Da	Date of Birth		Social Security Number		
E-Mail					
	Any Other N	Names Used (i.e. Ma	iden Name, Nick	name, etc.)	
		For Office U	se Only		
	<u>CPS</u>	Limited Criminal	Sex Offender	Local Check	Fingerprintin
te Check Completed					(Domestic Only
	lease of informa	ntion from law enforce			
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For Office Use Only					
	<u>CPS</u>	<u>Limited Criminal</u>	Sex Offender	Local Check	Fingerprinting (Domestic Only)
Date Check Completed					

<u>CHILDREN IN HOME</u>
This needs to be completed for everyone 14 years and older living in household

	Printed First Middle Last Name			Parent's Signature				
	Date of Birth			Social Security Number				
	Any Other Names Used (i.e. Maiden Name, Nickname, etc.)							
			For Office U	se Only				
		<u>CPS</u>	<u>Limited Criminal</u>	Sex Offender	Local Check	Fingerprinting (Domestic Only)		
Date	Check Completed					(Domesuc Omy)		
	Print First I	Middle Last Nan	<u> </u>	Paren	t's Signature			
	Date of Birth  Any Other Names Used (i.e. N			Social Security Number  Maiden Name, Nickname, etc.)				
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		<u>CPS</u>	For Office U Limited Criminal	se Only Sex Offender	Local Check	Fingerprinting		
						(Domestic Only)		
<u>Date</u>	Check Completed							
	Printed First Middle Last Name			Parent's Signature				
	Date of Birth			Social Security Number				
Any Other Names Used (i.e. Maiden Name, Nickname, etc.)  For Office Use Only								
		<u>CPS</u>	Limited Criminal	Sex Offender	Local Check	Fingerprinting (Domestic Only)		

Date Check Completed