

REQUEST FOR FEE EXEMPTION
LIMITED CRIMINAL HISTORY INFORMATION

CUSTOMER ID #

(PLEASE TYPE ALL INFORMATION)

Agency Name

Mailing Address (**where this response and the LCH responses will be sent**)

City, State, Zip Code

Phone

Attention

REASON FOR FEE EXEMPTION REQUEST
PER IC 10-13-3-36

(Check area that applies to your agency)

1. Is a non-profit organization that has been in existence for 10 years, and

_____ A. Has a primary purpose of providing an individual relationship for a child with an adult volunteer if the request is made as part of a background investigation of a prospective adult volunteer for the organization; (i.e. Big Brothers & Big Sisters).

_____ B. Is a Home Health Agency licensed under IC 16-27-1 (copy of license must accompany this request).

_____ C. Community mental retardation and other developmental disabilities center as defined in IC 12-7-2-39. (Copy of CARF Certificate must be submitted with this request)

_____ D. Is a supervised group living facility licensed under IC 12-28-5.

_____ E. Is an area agency on aging designated under IC12-10-1.

_____ F. Is a community action agency as defined in IC 12-14-23-2.

_____ G. Is the owner or operator of a hospice program licensed under IC 16-25-3.

_____ H. Is a community mental health center as defined in IC 12-7-2-38.

_____ 2. Department of Child Services or the Division of Family Resources if the request is made as part of a background investigation of an applicant for a license under IC 12-17.2 or IC 31-27.

_____ 3. Is a School Corporation, Special Education Cooperative, or Nonpublic School (as defined in IC 20-18-2-12).

_____ 4. (1) Is a church, religious society, or a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code; and*

(2) The request is made as part of a background investigation of a prospective or current adult volunteer; and*

(3) The employee or volunteer works in a nonprofit program or ministry of the church or religious society, including a child care ministry registered under IC 12-17.2-6.

(*Must meet all requirements of (1), (2), & (3) of the above to be considered for Fee Exemption.)

____ 5. Is the School of Education of a public or private postsecondary educational institution requesting a release of a student's limited criminal history as part of a background investigation of a student before or after the student begins the student's field or classroom experience (e.g., student teaching, internship, or externship).

WARNING – PENALTY FOR MISUSE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: 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.

Authorized Signature of Requesting Agency

Date

Mail request and license if applicable to:

Indiana State Police, Central Records

Attn: Mary Hennigar

100 N. Senate Avenue, Room N302

Indianapolis, IN. 46204-2259