

**Hawaii Criminal Justice Data Center
REQUEST FOR CRIMINAL HISTORY RECORD CHECK
For Hard-copy Fingerprint Cards**

Reason for Request: Fees below include hard-copy fingerprint card processing fee

- | | |
|---|---|
| <input type="checkbox"/> Name-Based Search (\$30) | <input type="checkbox"/> Fingerprint-Based Search (\$35) |
| <input type="checkbox"/> Access and Review (\$35) | <input type="checkbox"/> Wrongful Use of Name/SSN (\$35) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Certify (\$20) <input type="checkbox"/> Notarize |

Part 1: To be completed by applicant. Please clearly print all requested information regarding the person on whom the criminal record check is being conducted.

Full Name: Last First Middle Suffix (Jr/Sr)

Alias/Maiden: Last First Middle Suffix (Jr/Sr)

Date of Birth: Place of Birth: Citizenship:

Social Security Number: Race:

<input type="checkbox"/> Black	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Native American	<input type="checkbox"/> Other	
<input type="checkbox"/> Samoan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Unknown	<input type="checkbox"/> White	

Sex: Male
 Female

Height: Weight: Eye Color: Hair Color:

Part 2: To be completed by applicant. Please clearly print all the information requested below.

Requestor's Name and Address Forward Results to (if different from Requestor):

Name: Name:

Address & Phone: Address:

Requestor's Signature: Date:

Part 3: To be completed by Fingerprinting Agency (Law Enforcement Only). Please seal fingerprint card in a stamped envelope to preserve chain of custody.

Type of ID Checked & ID No.: F/P Agency Name: F/P Agency Phone Number:

Fingerprinter Name: Fingerprinter Signature: Date Fingerprints Taken:

Part 4: To be completed by HCJDC Only

Type of Search:	Results:	<input type="checkbox"/> Full	Completed by:
<input type="checkbox"/> Name	<input type="checkbox"/> No Match	<input type="checkbox"/> No Conv	
<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Match SID: _____	<input type="checkbox"/> Conv Only	Date:

Mail form, payment, and fingerprint card (if applicable) to:
Hawaii Criminal Justice Data Center, Attn: CHRC
465 S. King Street, Room 102
Honolulu, HI 96813

Fee is payable by either cashier's check or money order to:
"Hawaii Criminal Justice Data Center"
Personal checks are not accepted.
For more information call (808) 587-3279 or visit
<http://ag.hawaii.gov/hcjd>