

**Hawaii Criminal Justice Data Center
REQUEST FOR CRIMINAL HISTORY RECORD CHECK**

Reason for Request:

- | | |
|---|---|
| <input type="checkbox"/> Name-Based Search (\$30) | <input type="checkbox"/> Fingerprint-Based Search (\$30) |
| <input type="checkbox"/> Access and Review (\$30) | <input type="checkbox"/> Wrongful Use of Name/SSN (\$30) |
| <input type="checkbox"/> Fingerprint Services/Card (\$25) | <input type="checkbox"/> Certify (\$20) <input type="checkbox"/> Notarize |
| <input type="checkbox"/> Other: _____ | |

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:
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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:
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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):
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Name:	Name:
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Address & Phone:	Address:
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Requestor's Signature:	Date:
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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:
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Fingerprinter Name:	Fingerprinter Signature:	Date Fingerprints Taken:
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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	Date:
<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Match SID: _____	<input type="checkbox"/> Conv Only	

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://hawaii.gov/ag/hcjdc
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