

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"/> Card Scan Fee (\$5) |
| <input type="checkbox"/> Fingerprint Services/Card (\$25) | <input type="checkbox"/> Wrongful Use of Name/SSN (\$25) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Certify (\$20) <input type="checkbox"/> Notarize |

Part 1: To be completed by the requestor. 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 the requestor. Please clearly print all the information requested below.

Requestor 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 the 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:

<p>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 Please include USPS postage paid certified envelope to mail results via certified mail</p>	<p>The fee is payable by either cashier's check or money order to: "State of Hawaii" Personal checks and Cash are not accepted. For more information call (808) 587-3279 or visit http://hawaii.gov/ag/hcjdc</p>
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