

**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	
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tongan	<input type="checkbox"/> Unknown	<input type="checkbox"/> White	
	<input type="checkbox"/> 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:

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	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 <a href="http://hawaii.gov/ag/hcjdc">http://hawaii.gov/ag/hcjdc</a>
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