

**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:

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
<http://hawaii.gov/ag/hcjdc>