

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

**Reason for Request:**

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| <input checked="" type="checkbox"/> Name-Based Search (\$30) | <input type="checkbox"/> Fingerprint-Based Search (\$30)                  |
| <input type="checkbox"/> Fingerprint Services/Card (\$25)    | <input type="checkbox"/> Access & Review                                  |
| <input type="checkbox"/> Card Scan Fee (\$5)                 | <input type="checkbox"/> Wrongful Use                                     |
| <input type="checkbox"/> Other: _____                        | <input type="checkbox"/> Certify (\$20) <input type="checkbox"/> Notarize |

**Part 1: To be completed by 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)
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Alias/Maiden:	Last	First	Middle	Suffix (Jr/Sr)
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Date of Birth:	Place of Birth:	Citizenship:
Social Security Number:	Race:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	<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	

Height:	Weight:	Eye Color:	Hair Color:
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**Part 2: To be completed by 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:
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**Part 3: To be completed by Fingerprinting Agency. If not completed, the applicant's fingerprints will not be processed. 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:	Completed by:	Date:
<input type="checkbox"/> Name	<input type="checkbox"/> No Match	<input type="checkbox"/> Full	
<input type="checkbox"/> Fingerprint	<input type="checkbox"/> Match SID: _____	<input type="checkbox"/> No Conv	
		<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  
 To mail results via certified mail, please include USPS postage paid certified envelope.

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>