

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"/> 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)

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 print all the information requested below clearly.

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 the Fingerprinting Agency. If not completed, the applicant's fingerprints will not be processed. Please seal the 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, self-addressed stamped envelope, 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 a 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>