

# Hawaii Criminal Justice Data Center

## REQUEST FOR CRIMINAL HISTORY RECORD CHECK

### Reason for Request:

- |   |   |
|---|---|
| <input type="checkbox"/> Name-Based Search (\$30)         | <input checked="" type="checkbox"/> Fingerprint-Based Search (\$30)       |
| <input type="checkbox"/> Fingerprint Services/Card (\$25) | <input checked="" 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>