

Hawaii Criminal Justice Data Center
REQUEST FOR CRIMINAL HISTORY RECORD CHECK

Reason for Request:

<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:
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Social Security Number:	Race:				
	<input type="checkbox"/> Black	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Hispanic
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Korean	<input type="checkbox"/> Native American	<input type="checkbox"/> Other	
	<input type="checkbox"/> Female	<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 the requestor. Please print all the information requested below clearly.

Requestor Name and Address	Forward Results to (if different from Requestor):
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Name:	Name:
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Address & Phone:	Address:
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Requestor's Signature:	Date:
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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:
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Fingerprinter Name:	Fingerprinter Signature:	Date Fingerprints Taken:
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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>