



**STATUS TRACKING LOG**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES DIVISION/CBCU  
 SFN 206 (3-2018)

Name of Applicant		PCN	Requesting Agency		Date Received
Agency Contact		Access Number	Date Records Requested		Date Completed
<input type="checkbox"/> Expedite _____		<input type="checkbox"/> Process Pending: _____	<input type="checkbox"/> Rx 1: _____		<input type="checkbox"/> Rx 2: _____
<input type="checkbox"/> ECS: _____		<input type="checkbox"/> Foster Care: _____	<input type="checkbox"/> Adoption: _____		
<b>BACKGROUND</b>			<b>HIT</b>		
Self-Disclosed Criminal			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Self-Disclosed CPS			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Lived Out of Country			<input type="checkbox"/> Yes <input type="checkbox"/> No		
ND CA/N Index			<input type="checkbox"/> Yes <input type="checkbox"/> No		
ND Sex Offender Registry			<input type="checkbox"/> Yes <input type="checkbox"/> No		
ND Offenders Against Children Registry			<input type="checkbox"/> Yes <input type="checkbox"/> No		
ND Courts			<input type="checkbox"/> Yes <input type="checkbox"/> No		
MN Courts			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>TRIBAL RECORDS</b>			<b>OUT OF STATE REQUESTS</b>		
Tribe <input type="checkbox"/> NA			State		Date Form Requested
Date Payment Requested			Date Payment Requested		Date Form Received
Date Request Sent			Date Request Sent		Date Results Received
Criminal Received <b>HIT</b>			Criminal Received <b>HIT</b>		CPS Received <b>HIT</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Payment Requested			Date Form Requested		Date Form Received
Date Request Sent			Date Payment Requested		Date Results Received
Criminal Received <b>HIT</b>			Criminal Received <b>HIT</b>		CPS Received <b>HIT</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>BCI/FBI RECORDS</b>			<b>OUT OF STATE REQUESTS</b>		
Date NCIC/NSOR Record Received <b>HIT</b>			State		Date Form Requested
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			Date Form Requested		Date Form Received
Date BCI Received <b>HIT</b>			Date Payment Requested		Date Results Received
<input type="checkbox"/> Yes <input type="checkbox"/> No			Date Request Sent		CPS Received <b>HIT</b>
Date FBI Received <b>HIT</b>			Criminal Received <b>HIT</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date 1st Fingerprints Rejected			Date Form Requested		Date Form Received
Date Resubmitted 2nd Prints			Date Payment Requested		Date Results Received
Date 2nd Fingerprints Rejected			Date Request Sent		CPS Received <b>HIT</b>
Date Name Search Requested			Criminal Received <b>HIT</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date FBI Name Search Received			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Candidate(s) Found <b>HIT</b>			State		Date Form Requested
<input type="checkbox"/> Yes <input type="checkbox"/> No			Date Form Requested		Date Form Received
Notes			Date Payment Requested		Date Results Received
			Date Request Sent		CPS Received <b>HIT</b>
			Criminal Received <b>HIT</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No