



PERSONAL AUTHORIZATION FOR CRIMINAL HISTORY RECORD INFORMATION INQUIRY

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CRIMINAL BACKGROUND CHECK UNIT
SFN 829 (2-2024)

Legal Authority: NDCC 50-11 (Foster Care Services), NDCC 50-11.3-01 (Legal Guardianship), NDCC 50-12 (Adoption and LCPA), NDCC 50-06-01.9 (Early Childhood Services) NDCC 50-16-01.4 (Certified Shelter Care), NDCC 25-03.2 (Psychiatric Residential Treatment Facility), and NDCC 50-25-11.1 (Children's Advocacy Center) all provide for a fingerprint based criminal history background check.

Today's Date		THIS FORM MUST BE TYPED. HANDWRITTEN AND/OR INCOMPLETE FORMS WILL BE REJECTED.	
Requesting Agency or Human Service Zone			County
Contact Person	Telephone Number	Email Address	

Reason for Background Check					
<input type="checkbox"/> Adoption	<input type="checkbox"/> Child Care	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Relative Care	<input type="checkbox"/> QRTP	<input type="checkbox"/> PRTF
<input type="checkbox"/> Adoption Update	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Kinship Care	<input type="checkbox"/> Shelter Care	<input type="checkbox"/> LCPA	<input type="checkbox"/> SILP

FOR CHILD CARE BACKGROUND CHECKS ONLY **Therapy Service Provider:** _____

Name of Child Care Program	Contact Person	Email Address		
Physical Street Address (No PO Box)	City	State	ZIP Code	Telephone Number

APPLICANT INFORMATION (CHILD CARE ONLY - Please Check One: **Staff** **Supervisor** **Director** **Owner**)

Full Legal Name	LAST Name	FIRST Name	FULL Middle Name <input type="checkbox"/> None <input type="checkbox"/> Initial Only	*Social Security Number	
Maiden/Birth Name <input type="checkbox"/> Same as Above				Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Other Married (Last) Names, Aliases <input type="checkbox"/> If None Check Here			Email Address (must be the applicant's)		
Mailing Address		City	State	ZIP Code	Telephone Number

READ THE FOLLOWING STATEMENTS CAREFULLY AND CHECK ONE BOX FOR EACH QUESTION

1. I have lived in North Dakota at ALL times in the past five years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I have been the subject of a child abuse/neglect report(s) in any state.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I have been convicted of a criminal offense in any state, federal, or tribal court.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered YES to question 2 or 3 above, provide a brief description of the event(s) including the date(s), city/state(s), and required service(s) or sentence(s):

Provide address history for the past 5 years, beginning with your current physical address. (Example: If it is currently 06/2020, you must provide addresses back through at least 06/2015)

Current Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address	City	County	State	

Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address		City	County	State
Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address		City	County	State
Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address		City	County	State
Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address		City	County	State
Physical Address	From (mm/yyyy)	To (mm/yyyy)		
Street Address		City	County	State

Attach additional pages as needed (see SFN 829 Additional Address History)

Your fingerprints will be used to search the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or update of a FBI identification record are set forth in Title 28 C.F.R. §16.34.

*The Privacy Act of 1974 (P.L. 93-579, Section 7) requires that the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is voluntary and is requested for the purpose of conducting a child abuse/neglect and criminal history record information investigation.

I give Department of Health and Human Services permission to:

- (1) use my fingerprints and the information on this form as a means of searching for my name on the National Crime Information Center database;
- (2) search for my name on the North Dakota Child Abuse/Neglect Index or any state's Child Abuse/Neglect Central Registry;
- (3) search for my name on the North Dakota Sex Offender Registry or any state's sex offender registry;
- (4) search for my name on the North Dakota Offenders Against Children Registry;
- (5) search for my name in any tribal court, tribal sex offender registry or Indian child welfare agency;
- (6) search for my name in the National Crime Information Center National Sex Offender Registry;
- (7) search for my name in any state's criminal record repository;
- (8) request any supplemental documentation about me related to any criminal offense or child abuse/neglect assessment revealed through the course of this child abuse/neglect and criminal history record information investigation;
- (9) share any relevant information derived from any source with the requesting indicated above.

I understand that as a person who is subject to a criminal history record information investigation, I am entitled to: (a) obtain a copy of any criminal history record information from the Bureau of Criminal Investigation (BCI) or the FBI by following their record request procedures; (b) obtain a copy of the child abuse & neglect index/registry search report; (c) challenge the accuracy and completeness of any such report in the jurisdiction involved with the charge or conviction; (d) obtain a resolution before a final determination is made by the licensing agency and/or child care provider; and (e) **ECS ONLY** - request a review of the results by submitting a written request for review to the NDHHS within thirty (30) calendar days of the date of the department's memo outlining the results. The request for review must include a statement of each disputed item and the reason for the dispute.

I understand that this application and the results of the criminal history record information investigation are a public document and must be made available upon request. Information shall be provided and redacted pursuant to state and federal statute and rule.

I understand that an application may be denied if it contains false or misleading material information or if I intentionally withheld material information.

I certify that all information I have provided on this form is true and correct to the best of my knowledge. I certify that all statements on this form have been read by me or read to me and I understand all the questions. I understand that I must immediately notify the requesting agency listed above if I am named as the subject in any child abuse/neglect report or arrested or convicted of a criminal offense.

By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I agree that the electronic signature appearing on this document has the same validity and enforceability as a handwritten signature.

Signature

Date

REQUIRED FORMS

<https://www.hhs.nd.gov/providers/criminal-background-checks>

The Personal Authorization for Criminal History Records Inquiry Form (SFN 829), Criminal History Record Check Request Pursuant to NDCC 12-60-24 Form (SFN 60688) and Fingerprint Identity Verification Form (SFN 836) are required for all criminal background checks processed by the department. **The SFN 829 and SFN 60688 forms MUST be typed.** Handwritten and/or incomplete forms **will be rejected.** Your fingerprints will be held for 30 calendar days. If your corrected/completed forms have not been received within 30 days, your fingerprints will be destroyed, and you must start the process from the beginning.

PROCESSING FEES

The department pays all criminal background check related fees for Adoption of Children from Foster Care (public agency adoption), Early Childhood Services, Foster Care, Kinship Care, Certified Shelter Care, Relative Care, Supervised Independent Living Program, Guardianship (NDCC 27-20) and residential facility or licensed child placement agency employment. Background check related fees for Private Agency Adoption (non-foster care) and Guardianship (NDCC 30.1-27) are the responsibility of the applicant.

FINGERPRINTING

Must show a valid government issued photo ID or you cannot be fingerprinted

Human Services Centers: No fees apply. You must bring your completed SFN 829 and SFN 60688 forms, a blank SFN 836 form and a valid photo ID.

Law enforcement or other authorized agencies: Fees may apply and will be at your own expense. You must bring a valid photo ID and a blank SFN 836 form to be completed by the official rolling your prints. **IF** your prints are rolled by using an ink pad, two cards are required, and they **MUST** be sealed in an envelope by the official. The official's signature, or the agency stamp, must be placed of the seal.

It is your responsibility to mail all of your forms and fingerprints to:

Department of Health and Human Services
Criminal Background Check Unit
600 E. Blvd Ave Dept 325
Bismarck ND 58505-0250