



PERSONAL AUTHORIZATION FOR CRIMINAL HISTORY INQUIRY- CHILDREN'S ADVOCACY CENTERS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CRIMINAL BACKGROUND CHECK UNIT
SFN 888 (1-2023)

Legal Authority: NDCC 50-25.1-11.1 and NDCC 12-60-24 provide for a fingerprint-based criminal history record check.

Today's Date		THIS FORM MUST BE TYPED. HANDWRITTEN AND/OR INCOMPLETE FORMS WILL BE REJECTED.	
Name of Children's Advocacy Center		Location	
Contact Person	Telephone Number	Email Address	

APPLICANT INFORMATION

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		
Mailing Address	City	State	ZIP Code	Telephone Number	

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

Have you ever been the subject of a child abuse/neglect report(s) in any state or tribal territory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, provide a brief description of the event(s) including the date(s), city/state(s), and outcome (founded, unfounded, etc):		
Have you ever been arrested or convicted of a criminal offense in any state, federal, or tribal court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, provide a brief description of the event(s) including the date(s), city/state(s), and outcome (dismissed, conviction, acquittal, etc):		

Provide address history for the past 5 FULL CALENDAR YEARS, beginning with your current physical address. (Example: if it is currently 5/2023, you must provide addresses back through at least 1/2018.)

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 888 Additional Address History)

I have worked or attended school outside of ND during the previous 5 calendar years

Yes No **If yes, list each state below:**

List each state in which you are expected to, or reasonably likely to, interact with a participating minor in the course of Children's Advocacy Center activities.

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 an 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 on the Dru Sjodin 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 agency 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.

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
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REQUIRED FORMS

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

The Personal Authorization for Criminal History Records Inquiry-Children's Advocacy Center Form (SFN 888), 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 888 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.

FINGERPRINTING

You 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 888 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