

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

<p><b>A REQUESTING AGENCY/ADDRESS</b></p> <p>Agency _____</p> <p>Attn _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p>Authorized Signature _____ Date _____</p> <p>Title _____ ( ) Area Code/Phone Number _____</p>	<p><b>B PURPOSE</b> Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p><b>Fees:</b> Make payable to <b>Washington State Patrol</b> by check, money order, or business account.</p> <p><b>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</b></p> <p>_____ <b>Notarized Letter(s)</b></p>
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**C APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

**Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.**

**D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

# CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES



Refer to Revised Code of Washington ([RCW 43.43.830-43.43.845](#)) for complete information. Child/Adult Abuse Information Act background checks may be conducted by Washington State businesses or organizations. Other states must conduct searches under the Criminal Records Privacy Act, [RCW 10.97](#).

- 1. Searches may be conducted only on prospective employees, volunteers, adoptive parents, prospective clients, or resident.** Background checks may be conducted on prospective employees, volunteers, or adoptive parents who will be or may have unsupervised access to children less than sixteen years of age, developmentally disabled persons, or vulnerable adults. The background check is for initial employment decisions only. A prospective client's or resident's conviction record—upon the request of a business or organization that qualifies for exemption under section 501(c)(3) of the internal revenue code of 1986 (26 U.S.C. Sec. 501(c)(3) and that provides emergency shelter or transitional housing for children, persons with developmental disabilities, or vulnerable adults.
- 2. Applicants must be notified an inquiry may be made.**  
A business or organization shall not make an inquiry to the Washington State Patrol unless the business or organization has notified the applicant, who may be offered a position as an employee or volunteer, that an inquiry may be made.
- 3. A business or organization must prepare a disclosure statement to be signed by the applicant before a background check may be conducted.**  
A business or organization shall require each applicant to disclose whether the applicant has been:
  - (a) Convicted of a crime;
  - (b) Had findings made against him or her in any civil adjudicative proceeding;
  - (c) Has both a conviction and findings made against him or her.
- 4. Applicants must be notified of the response.**  
The requesting agency shall notify the applicant of the Washington State Patrol's response within ten days after receipt. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.

## Notes:

- "Business or organization" means a person, business, or organization licensed in this state, any agency of the state, or other governmental entity, that educates, trains, treats, supervises, houses, or provides recreation to developmentally disabled persons, vulnerable adults, or children under sixteen years of age, or that provides child day care, early learning, or early learning childhood education services, including but not limited to public housing authorities, school districts, and educational service districts.
- "Client" or "resident" means a child, person with developmental disabilities, or vulnerable adult applying for housing assistance from a business or organization.
- The business or organization shall use this record only in making the initial employment or engagement decision. Further dissemination or use of the record is prohibited. A business or organization violating this subsection is subject to civil action for damages.
- Responses are limited to **Washington State records only**.

**NOTE:** The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints.

I have read and understand the above **CHILD/ADULT ABUSE RECORD SEARCH GUIDELINES** pursuant to Revised Code of Washington ([RCW 43.43.830-43.43.845](#)).

User Name \_\_\_\_\_ Account # \_\_\_\_\_

User Signature \_\_\_\_\_ Date \_\_\_\_\_

Reset password?  YES or  NO

**MUST BE SIGNED BY ALL NON-PROFIT ACCOUNT USERS**

Fax to (360) 534-2073