



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Please attach this statement to Form 595-1396, Record Check Form B and have the applicant review prior to signing Form B:

Evaluation of Deferred Judgments

All deferred judgments, whether discharged or not, shall be subject to the record check review/evaluation process, as they are considered to be convictions.

**STATE OF IOWA
DHS CRIMINAL HISTORY RECORD CHECK
FORM B**

IF SING results show further research required of Child Abuse Registry, or if DCI results show criminal history, send Form B with SING sheet and DCI results to:

MARSHA MCBEE
5TH FLOOR HOOVER BLDG
1305 E WALNUT ST, DES MOINES IA 50319
PHONE 515-281-6832, FAX 515-281-4597

PURPOSE: Child Day Care 237A.5, 237A.20 Adoption 600.8(1)(2) Child Abuse 232.71
 Foster Care/Group Foster Care 237.8 Institutions/Facility 218.13 Juvenile Homes 232.142

REQUEST

Center Name and Mailing Address

I am requesting an Iowa Criminal History (CCH) check on:

Last Name	First Name	Middle Name
Maiden/Former Name, any Alias (<i>List All</i>)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number
Date of Birth	Signature of Requester	

DO NOT WRITE IN THIS AREA – FOR DCI USE ONLY

RESULTS

As of _____ (date) a name and date of birth check revealed:

_____ CCH record attached _____ No CCH record found

DCI Initials _____

WAIVER
(see reverse side)

I hereby give permission for the above requesting official to conduct an Iowa criminal history check with the Division of Criminal Investigation. Any information maintained by the DCI may be released as allowed by law.

Signature	Date
Address	City, State, ZIP