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(*revised 9/20/2016)*

**BACKGROUND CHECK FORM (Part A)**

**Criminal Check**

***Harris County Juvenile Probation Department***

Pursuant to Title 37, Part 11, Chapter 344 of the Texas Administrative Code, the Harris County Juvenile Probation Department (HCJPD) performs fingerprint-based criminal history checks on service providers, interns, volunteers, and mentors. In addition, per HCJPD policy, the department performs initial and annual criminal history checks through TCIC/NCIC. **This form must be completed and signed by the applicant prior to processing both initial and annual criminal history checks**.

**SUBMISSION INSTRUCTIONS**

HCJPD background check forms contain two parts which are used to process checks in two separate databases. **Both sections (Part A & Part B) of this form must be completed in full (including duplicate information) and each section requires a signature and date**. Upon completing, please scan and save both pages of this form in the following format:

Last Name, First Name for Name of Organization *(Example: Smith, Bob for Vision Keepers)*

Then email this form to: **CriminalHistoryCheck@hcjpd.hctx.net**

**REFERRING AGENCY INFORMATION**

**Date Sent:**

**Referring Agency:**

**Referring Agency Contact:**

**Agency Contact Email:**

**PURPOSE OF CRIMINAL CHECK**

New Intern New Volunteer New Vendor

Annual Renewal Intern Annual Renewal Volunteer Annual Renewal Vendor

**INTERN, VOLUNTEER, OR VENDOR INFORMATION**

***PLEASE ENTER YOUR FULL LEGAL NAME BELOW***

**FIRST**

**MIDDLE**

**LAST**

**STREET ADDRESS**

**CITY**

**STATE**

**ZIP**

**DATE OF BIRTH**

**SOCIAL SECURITY #**

**ID Card# / Driver’s License #**

**Issuing State**

**GENDER**

**APPLICANT HOME TELEPHONE #**

**APPLICANT OTHER CONTACT #**

**Have you ever been employed by the Harris County Juvenile Probation Department? ☐YES ☐NO**

**Do you currently have any family members under the supervision of the Harris County Juvenile Probation Department? ☐YES ☐NO**

**Have you ever had a JPO or JSO Certification revoked by the Texas Juvenile Justice Department? ☐YES ☐NO**

**CRIMINAL CHECK AUTHORIZATION**

**By virtue of my signature I certify the name, address, personal descriptive information is accurate as recorded on this document and I hereby authorize the Harris County Juvenile Probation Department to perform a criminal history background check.**

**Signature of Applicant: Date:**

**HCJPD USE ONLY- APPLICANT DO NOT WRITE BELOW THIS LINE**

I certify that a records check has been completed on the above listed person. I find them to be:

* **ACCEPTABLE ☐ UNACCEPTABLE**

Signature of Person Completing Check: Date:

**Revised TGH 09 2016**

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*(revised 9/20/2016)*

**BACKGROUND CHECK FORM (Part B)**

**Child Abuse/Neglect Central Registry Check**

***Harris County Juvenile Probation Department***

I authorize the Harris County Juvenile Probation Department to submit a request for a Texas Department of Family and Protective Services (DFPS) Central Registry Abuse and Neglect check on me as required by the Prison Rape Elimination Act (PREA) standards and HCJPD Policies relating to enlisting the services of any vendor/volunteer who may have contact with residents in juvenile facilities.

I understand DFPS maintains a central registry of reported cases of child abuse and neglect, which includes, information gathered during Child Protective Services (CPS), Child Care Licensing (CCL), and Adult Protective Services (APS) facility investigations of child abuse and neglect that resulted in a disposition of “reason to believe” for CPS and CCL cases or “confirmed and validated” for APS cases.

**I understand that I will not clear the Central Registry check if:**

* I have the role of designated perpetrator or sustained perpetrator in an investigation included in the registry; or
* I am involved as an alleged perpetrator in an open child abuse or neglect investigation being conducted by DFPS.

As the subject of the request, I have the right to receive the results of the check and to share them with any third party.

I further understand if the check results in a match as described above, DFPS will only send the results directly to me via mail or email.

**Please complete each field below, ALL INFORMATION IS REQUIRED to process the requested Central Registry Check; missing information may result in a delay of the request.**

**First Name**

**Middle Name**

**Last Name**

**Other names or spellings used (married, maiden, alias etc.) – First, Middle, Last (continue on back as need)**

**Current Address**

**City**

**County**

**State**

**Zip Code**

**Social Security Number**

**Date of Birth**

**Gender**

**Primary Daytime Telephone Number**

* **Female**
* **Male**

**Type: ☐Cell ☐Home ☐Business/Work**

**Ethnicity**

**RACE**

* **Hispanic**
* **Unable to Determine**
* **Not Hispanic**
* **White** ☐**Asian**
* **Black** ☐**American Indian/Alaskan Native**
* **Unable to Determine** ☐**Native Hawaiian/Pacific Islander**

**List all known physical addresses for the past 10 years (continue on back if needed)**

**VENDOR/VOLUNTEER ACKNOWLEDGEMENT**

I certify that there are no willful misrepresentations, omissions, or falsifications in the aforesaid statements and answers. I am aware that should any investigation disclose any misrepresentations, omissions, or falsifications, my request to provide volunteer/vendor services may be rejected or if already providing services, my volunteer/vendor services may be terminated.

**Printed Name**

**Signature**

**Date**