

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC SAFETY DIVISION OF STATE POLICE BUREAU OF IDENTIFICATION



STATE OF CONNECTICUT CRIMINAL HISTORY RECORD REQUEST FORM

(PLEASE TYPE OR PRINT CLEARLY)

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	onn. Only search by						
						Il provide a copy only if a record exists)	
() C	onn. Only Criminal C *Fin				State Police location	ı - \$15 00	
		gerprinting complete	ou ut u ot	Jililootioa	Ctate i once location	Ψ10.00	
Name	e of Requester:_	ADVANCED BEH	AVIORA	L HEAL	TH, INC. Date:		
	_					C+	
Requ	ıesters Address:	ATTN. DCF C		Depa	Timent 213 Court	Si., 	
	Middletown	C'	Т	06457		r:860.638.5309	
City:		State:	Zip:		Phone Numbe	r:	
 Enclose a Check or Money Order for the applica "Treasurer-State of CT" If you are requesting more than one name pleas all subjects requested. A separate form will be respectively. Mail Request with Check or Money Order to: 				lease su be requi	e submit <u>one check</u> for the total dollar amount of equired for each search requested.		
Subject's Last Name Fi					(Middle)	Date of Birth	
List a	ny alias or maiden r	names and dates o	f births u	ısed:			

The result of this search is based on name and date of birth or fingerprint card submission and contains State of Connecticut criminal conviction history record information ONLY. Please be advised that the criminal history record information may change daily due to erasures, corrections, pardons or other modifications to individual criminal history record information, the Department of Emergency Services and Public Protection (DESPP) cannot guarantee the accuracy of the information except with respect to the date the information is disclosed or obtained. DESPP and the State of Connecticut are not responsible for any errors or omissions resulting from subsequent dissemination of this data. The subject and/or requester assumes all liability in the use of data obtained from this database.

*A COPY OR FACSIMILE OF THIS FORM CAN BE USED.

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