

# ELKHART COUNTY SHERIFF'S OFFICE

## REQUEST FOR ADULT CRIMINAL HISTORY

**Please type or print all information**

### 1. Requesting agency or individual:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. Subject of the request:

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ SSN: \_\_\_\_\_

### 3. Please check the appropriate line. The reason for the request is this individual:

- A. Has applied for employment with a non-criminal justice organization or individual;
- B. Has applied for a license and criminal data is required by law to be provided;
- C. Is a public official or a candidate for public office;
- D. Is in the process of being apprehended by a law enforcement agency;
- E. Is under arrest for the alleged commission of a crime;
- F. Has charged his/her rights have been abused repeatedly by criminal justice agencies;
- G. Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing or probation;
- H. Has volunteered services involving contact with, care of, or supervision over a child placed, matched or monitored by a social services or nonprofit agency;
- I. Is residing in a location designated by the Department of Child Services or by juvenile court as an out-of-home placement;
- J. Has volunteered services at a public school (as defined in IC 20-18-2-15) or non-public school (as defined in IC 20-18-2-12) involving contact with, care of, or supervision over a student enrolled in the school;
- K. Is being investigated for welfare fraud by the state or county office of the Division of Family Resources;
- L. Is being sought by the parent locator service of the child support bureau of the Department of Child Services;

**(please continue to other side)**

- \_\_\_ M. Is or was required to register as a sex and violent offender under IC 11-8-8; or  
 \_\_\_ N. Has been convicted under any of the following:
- Rape (IC 35-42-4-1), if the victim is younger than 18 years of age;
  - Criminal deviate conduct (IC 35-42-4-2), if the victim is less than 18 years of age;
  - Child molest (IC 35-42-4-3);
  - Child exploitation (IC 35-42-4-4b);
  - Possession of child pornography (IC 35-42-4-4c);
  - Vicarious sexual gratification (IC 35-42-4-5);
  - Child solicitation (IC 35-42-4-6);
  - Child seduction (IC 35-42-4-7);
  - Sexual misconduct with a minor as a felony (IC 35-42-4-9); or
  - Incest (IC 35-46-1-3), if the victim is younger than 18 years of age.

4. An organization making a request under IC 10-13-3-36 must include proof of its not-for-profit status. A copy of the "Certificate of Good Standing," issued by the Secretary of State's office, will suffice. **Please check the appropriate line if requesting the report at no charge under the provisions set forth in IC 10-13-3-36:**

Yes \_\_\_\_\_ No \_\_\_\_\_

Please provide all the information requested by this agency and required under state law to expedite the response and return of information. If the answer to Item No. 4 was "no," a check for \$3 (made payable to the Elkhart County Sheriff's Office) is required for processing. **Please mail this form and payment to:**

Elkhart County Sheriff's Office  
 Records Division  
 26861 C.R. 26  
 Elkhart, IN 46517

**WARNING: PENALTY FOR MISUSE OF INFORMATION**

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. Under IC 10-13-3-27, any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

**I affirm, under the penalty of perjury, the limited criminal history information requested will be used as specified.**

Printed name of requester: \_\_\_\_\_

Signature of requester: \_\_\_\_\_

Date: \_\_\_\_\_

Form updated October/2025

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**OFFICE USE ONLY**

- No record on file       Record inspected       Record released  
 Information provided not verified by fingerprints

Fee: \_\_\_\_\_ Employee: \_\_\_\_\_ Date: \_\_\_\_\_