



# ARIZONA DEPARTMENT OF CORRECTIONS

## Criminal History Information Request

Please provide as much information as possible. You must be an authorized ACJIS criminal justice practitioner, or certified ACJIS operator, to receive criminal justice information obtained via the ACJIS/NCIC network.

TO			DATE (mm/dd/yyyy)
FROM	EMPLOYEE NAME (Last, First M.I.) (Please print)	JOB TITLE	EMAIL ADDRESS
	INSTITUTION/FACILITY/UNIT	WORK TELEPHONE NUMBER (with area code)	

QUERY

Criminal History     Vehicle Registration     Driver's License     Warrant Check     Other

REASON FOR REQUEST

Visitor     Vendor     Employment     Employee Administrative Update     Parole Placement

Suspicious Vehicle     Absolute Discharge     Community Supervision Sponsor     Prison Release     Other

**SUBJECT INFORMATION** (Provide all information available via AIMS, File, I.D.s, etc.)

NAME (Last, First M.I.) (Please print)	ALIAS/MAIDEN NAME(s) (Last, First M.I.) (Please print)
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DATE OF BIRTH (mm/dd/yyyy)	SOCIAL SECURITY NUMBER
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SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
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ADC NUMBER (if applicable)	FBI NUMBER (if applicable)	SID NUMBER (if applicable)
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DRIVER'S LICENSE NUMBER/STATE	VEHICLE PLATE NUMBER/STATE/TAG YEAR
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COMMENTS

REQUESTOR SIGNATURE	DATE (mm/dd/yyyy)
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ACJIS OPERATOR	DATE OF INQUIRY (mm/dd/yyyy)
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**CRIMINAL HISTORY REQUEST RESPONSE**

TO	SUBJECT OF INQUIRY	DATE FORWARDED (mm/dd/yyyy)
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RESULTS

No matching record based on information provided

Information forwarded via:     Telephone     Interdepartmental mail     Fax     Other \_\_\_\_\_

Email Address \_\_\_\_\_

COMMENTS

ADMINISTRATOR/WARDEN OR DESIGNEE SIGNATURE

Approved     Denied