



- (G) Child solicitation (IC 35-42-4-6).
- (H) Child seduction (IC 35-42-4-7).
- (I) Sexual misconduct with a minor as a *Class A or Class B* felony (IC 35-42-4-9).
- (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.

**REASON FOR NO FEE REQUEST**  
Check area that applies to your agency.

**Before checking any box below read the defined Indiana Code IC 10-13-3-36**

- A.  Has been in existence for 10 years and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
- B.  Home Health Agency (Copy of license must accompany this request).
- C.  Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29. (Copy of CARF Certificate must be submitted with this request).
- D.  Is a supervised group living facility licensed under IC 12-28-5.
- E.  An area agency on aging designated under IC 12-10-1.
- F.  Community action agency (as defined in IC 12-14-23-2).
- G.  Owner operator of a hospice program licensed under IC 16-25-3.
- H.  Community mental health center (as defined in IC-7-2-38).
- I.  Department of Child Services (as defined in IC 1-13-3-27-5).
- J.  Is a School Corporation, Special Education Cooperative, or Nonpublic School (as defined in IC 20-18-2-12).
- K.  (1). The church or religious society is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code;  
(2). The request is made as part of a background investigation of a prospective or current adult volunteer; and  
(3). The employee or volunteer works in a nonprofit program or ministry of the church or religious society, including a child care ministry registered under IC 12-17.2-6.

**\$10.00 (    ) Mark an (X) here for this request**

**REVIEW CHALLENGE**

Any person may challenge the information contained in their **criminal history data file** 10-13-3-31. Agencies may not request a **Review Challenge**.

A **Review Challenge** may only be obtained by persons on themselves.

Request by mail – please submit the following:

- a. Complete this form
- b. A complete set of fingerprints taken by a law enforcement agency. (Do not fold or bend card)
- c. \$10.00 certified check or money order to State of Indiana (**NO CASH OR PERSONAL CHECKS**).

**WARNING PENALTY FOR MISUSE**

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. 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 penalty of perjury, that the Limited Criminal History Information requested will be used as specified.**

\_\_\_\_\_  
**PRINT Name of Requester**

\_\_\_\_\_  
**Signature of Requester**

\_\_\_\_\_  
**Date**

**Certified check or money order only - made payable to the STATE OF INDIANA.  
Cash in person ONLY "NO" personal checks**

Mail request to:

Indiana State Police, Criminal History Limited Check  
P.O. Box 6188  
Indianapolis, Indiana 46206-6188