



DIVISION OF LICENSING AND BACKGROUND CHECKS
Office of Background Processing

ONE-TIME ADOPTION BACKGROUND CHECK APPLICATION
for use by a **non-DHHS licensed provider** or an **adoption attorney**

This clearance is not maintained on the Rap Back System

Applicant Demographic Information

This section must be completed by the applicant. Missing Information or unreadable applications will be returned unprocessed.

Legal first name Middle name Legal last name

List all aliases (nicknames, maiden, previous married names)

Date of Birth SSN Email address

Address City State Zip Code

Applicant Background Information

Yes **Have you ever been arrested or charged with a crime by any law enforcement authority (local, state, federal or international)?** Disclose all criminal offenses even if they were later dismissed, you completed a plea in abeyance or diversion program, whether you pled guilty or not guilty to an offense, or if you are waiting to enter a plea to the court.

No

If yes, please attach a certified court docket or other certified record (available from the court that handled your case) indicating the disposition of each charge or offense, or the status of each plea in abeyance or diversion agreement.

Yes **Have you ever been investigated for child or adult abuse, neglect or exploitation by Child Protective or Adult Protective Services?**

No

If yes, please attach complete case report showing final outcome.

Out of State Child Abuse Registry

Per 26B-2-120 applicants need to receive the Out of State Child Abuse Registry check for any state in which they have resided in the last 5 years. This needs to be obtained prior to submitting the application and the results included when submitted for processing. For information on obtaining the Out of State Registry, visit <https://dlbc.utah.gov/out-of-state-registries/>

Have you lived outside the State of Utah in the last 5 years?

<input type="radio"/> Yes	State	From	To
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> No	State	From	To
	<input type="text"/>	<input type="text"/>	<input type="text"/>

If yes, provide the state and the years from and to.

AUTHORIZATION

I authorize the Utah Department of Health and Human Services (DHHS), Division of Licensing and Background Checks (DLBC), Office of Background Processing (OBP), to investigate my past and present child abuse, neglect and exploitation records, law enforcement, driver license and any other information which may be pertinent to my application according to Utah Code 26B-2-120 and Administrative Rule 501-14. I authorize the OBP to continually monitor state, regional and nationwide criminal background databases and the Management Information System in order to identify criminal, abuse, neglect, exploitation activity for as long as I am associated with DHHS licensed, contracted or certified programs. I authorize the release of information for each purpose described in Utah Code Section 53-10-108 and I release and hold harmless the DHHS from any damages resulting from DHHS furnishing such information as described in Utah Code Section 53-10-108. I certify that my answers contain no misrepresentations or falsifications, and the information is true and complete. I have read and understand the FBI Rap Back Consent and Privacy Statement located on the DLBC website (www.dlbc.utah.gov). Until the completion of the background check, I understand I may be denied unsupervised access to children, vulnerable adults or to the privilege in which the background check pertains to. ****{I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions.}**

Applicant Signature:

Date



DIVISION OF LICENSING AND BACKGROUND CHECKS
Office of Background Processing

ONE-TIME ADOPTION BACKGROUND CHECK APPLICATION
for use by a non-DHHS licensed provider or an adoption attorney

This clearance is not maintained on the Rap Back System

TO BE COMPLETED BY PROVIDER OR ADOPTION ATTORNEY

Applicant legal full name:

Verified Applicant Identification Information

Select valid identification type (Driving privilege cards are not acceptable forms of ID)	<input type="radio"/> Drivers license <input type="radio"/> Passport	Gender <input type="radio"/> Male <input type="radio"/> Female	Race	
	<input type="radio"/> State ID <input type="radio"/> Military ID		<input type="radio"/> Asian <input type="radio"/> Native American <input type="radio"/> Black <input type="radio"/> Pacific Islander <input type="radio"/> White <input type="radio"/> Unknown	
Issuing state/country: <input type="text"/>	ID number: <input type="text"/>	Expiration date: <input type="text"/>		
Eye color: <input type="text"/>	Hair color: <input type="text"/>	Height: <input type="text"/>	Weight: <input type="text"/>	Place of birth: <input type="text"/>

Payment Information

Payment for the background check can be made online at ccl.utah.gov/ccl/#/payment-gateway. In the facility or provider name field enter "Unlicensed Contracted Provider Background Checks F23-99861". Scroll down and select "One Time Private Adoption Background Check Fee" and the "Human Services Live Scan Fee". Provide proof of payment with this form and fingerprint cards for the application to be processed.

Adoption Service Provider or Adoption Attorney Information

Adoption service provider or Adoption attorney name: <input type="text"/>	Email address: <input type="text"/>
Address: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/>	Zip Code: <input type="text"/>

Adoption Service Provider or Adoption Attorney Certification

I certify I have inspected the applicant's social security care and passport, state driver license, military id or state identification card issued by the Driver License Division and they do not appear forged or altered. I have reviewed the entire completed application, applicant and adoption service provider or adoption attorney sections, and they contain no misrepresentations or falsifications to the best of my knowledge. The adoption service provider or adoption attorney releases the Department of Health and Human Services from any damages resulting from disclosing information to authorized agencies. The adoption service provider or adoption attorney shall not disclose this form on its contents except as authorized by Utah or federal law.

Signature of verifying adoption service provider or adoption attorney: <input type="text"/>	Date: <input type="text"/>
--	----------------------------

Return completed form to:
 Division of Licensing and Background Checks
 Office of Background Processing
 PO Box 144103
 Salt Lake City, UT 84114

Consent and Privacy Statement

FBI NGI Rap Back Privacy Statement

Utah consent to Background Check

I understand that my personal information including name, date of birth, social security number and fingerprints will be used for the purpose of conducting a criminal history records search through any applicable state and federal databases. This information will be used by the Department of Health and Human Services (DHHS), Office of Background Processing (OBP) to determine my eligibility to have direct access to a child or vulnerable adult. My personal information and fingerprints may be retained for ongoing monitoring and comparison against future submissions to the state, regional or federal database and latent fingerprint inquiries. The DHHS, OBP will establish procedures to ensure removal of my fingerprints from applicable state and federal databases when I am no longer under their purview. I understand that I may request to review any results of this inquiry and understand that Utah Code Annotated 53-10-108 does not allow the DHHS, OBP to provide a copy of those results to me. Before a determination is made, I understand that I will be afforded a reasonable amount of time to challenge the completeness and accuracy of the record through the procedures established by the DHHS, OBP as well as contacting the Utah Bureau of Criminal Identification (Utah Criminal History Results), the State Identification Bureau (SIB) associated with any results that are outside of Utah, or the Federal Bureau of Investigation (Nationwide Criminal History Response Information). I have read the attached Privacy Statement and understand my rights according to this statement.

FBI Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application. Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date.

Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Additional Information: The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

Challenge procedures:

State of Utah:

The Utah Bureau of Criminal Identification is responsible for all arrest and conviction data for the State of Utah. BCI does not have the authority to modify any records from other state or federal databases. In the event that there is incorrect or missing Utah Criminal Data, please be prepared to provide certified copies from any arresting agency or court of appearance.

To challenge State of Utah criminal arrests and disposition data please complete the required application and submit to the Utah Bureau of Criminal Identification. Instructions and applications are located at the following web address:

<https://bci.utah.gov/criminal-records/criminal-records-forms/>

FBI:

<https://www.fbi.gov/services/cjis/identity-history-summary-checks>

Challenge of an Identity History Summary

The FBI is responsible for the storage of fingerprints and related Identity History Summary information for the nation and does not have the authority to modify any Identity History Summary information unless specifically notified to do so by the agency that owns the information. If you believe your Identity History Summary contains inaccurate or incomplete information, you have two options for requesting a change or correction:

Option 1: Contact the agency or agencies that submitted the information to the FBI.

Missing or Incorrect State (Non-Federal) Information

Most states require that changes to Identity History Summary information be processed through their respective state centralized agency (State Identification Bureau) before any changes can be made to your information. You may contact the respective State Identification Bureau for assistance, and, if applicable, request that they provide the FBI with updates to your Identity History Summary.

Contact information for each state is provided on the State Identification Bureau listing.

Several states maintain their own record system. Record updates are made at the state level only, so the FBI cannot change its records. Instead, the FBI accesses the state's system for authorized purposes to review the record. Contact information for states maintaining records at the state level is provided on the State-Maintained Records listing.

Missing or Incorrect Federal Information

For federal Identity History Summary updates, the FBI must receive a request directly from the original arresting agency, from a court with control over the arrest data, or from another agency with control over the arrest data.

Option 2: Send a written challenge request to the FBI.

Your written request should clearly identify the information that you feel is inaccurate or incomplete and should include copies of any available proof or supporting documentation to support your claim. For example, if your disposition information is incorrect or missing, you may submit documentation obtained from the court having control over the arrest or the office prosecuting the offense. The FBI will contact appropriate agencies in an attempt to verify or correct challenged entries for you. Upon receipt of an official communication from the agency with control over the data, the FBI will make appropriate changes and notify you of the outcome.

You may submit an Identity History Summary challenge to the FBI by writing to the following address:

FBI CJIS Division

Attention: Criminal History Analysis Team 1

1000 Custer Hollow Road

Clarksburg, WV 26306