

**WASHINGTON STATE PATROL**  
**REQUEST FOR CRIMINAL HISTORY INFORMATION**  
**CHILD/ADULT ABUSE INFORMATION ACT**  
**RCW 43.43.830 THROUGH 43.43.845**

**A REQUESTING AGENCY/ADDRESS**

City of Bellevue- Parks & Community Services Dept.  
Sharon Franzen / Joetta Hatfield  
P.O. Box 90012  
Bellevue, WA 98009-9012

Contract Name: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Workgroup: Youth Sports  
Supervisor: Heather Christoff / Ted Mittelstaedt  
Empl. Type: Contractor / Volunteer  
(circle one) \_\_\_\_\_ Candidate/ Hire / Exist. Staff  
Date of Inquiry: \_\_\_\_\_

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

**B PURPOSE**

Profit Business/Org. - \$10

**C APPLICANT OF INQUIRY – to be completed by applicant**

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Social Security Number: \_\_\_\_\_ n/a Driver's License Number/State: \_\_\_\_\_ n/a

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

**IDENTIFICATION DECLARING NO EVIDENCE**  
**WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**  
**To be completed by applicant**

(THIS PORTION TO BE MAILED BY REQUESTING AGENCY)  
As of this date, the applicant named below shows no evidence pursuant  
To RCW 43.43.830 through 43.43.845.

Requesting Agency - City of Bellevue- Parks & Community Services Department

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
(please print)

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**WSP Use Only**

Valid Two Years From Issue

Right Thumb Print (Optional)

# CHILD AND ADULT ABUSE INFORMATION DISCLOSURE STATEMENT

State law (RW 43.43) provides that the City of Bellevue must require applicants for City jobs and volunteer positions to provide certain information to the City prior to employment or involvement with the City. This information will be kept confidential.

Please disclose the following:

1. Have you ever been convicted of a crime against persons? YES \_\_\_\_\_ NO \_\_\_\_\_

(For purposes of this section, crimes against person means the conviction of any of the following offenses: aggravated murder, first or second or third degree assault, first, second or third degree rape, first second or third degree statutory rape, first, second or third degree robbery, first degree arson, first degree burglary, first or second degree manslaughter, first or second degree extortion, indecent liberties, incest, vehicular homicide, first degree promotion prostitution, communication with a minor, unlawful imprisonment, simple assault, sexual exploitation of minors, first or second degree mistreatment, or any of these crimes as they may be renamed in the future.)

2. Have you been found in a dependency action under RCW 13.34.030 (2) (b) to have sexually assaulted or exploited any minor or to have physically abused any minor? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused, exploited, or to have physically abused any minor? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Have you ever been found in any disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor? YES \_\_\_\_\_ NO \_\_\_\_\_

(For purposes of this section, a disciplinary board final decision means any final decision issued by the disciplinary board or the Director of the Department of Licensing for the following businesses or professions: Chiropractic, dentistry, dental hygiene, drugless healing, massage, midwifery, osteopathic, physical therapy, physician, practical nursing, registered nursing, psychology; and real estate brokers and salesman).

**If your answer is yes to any of the above questions, provide the date and location of all such findings.**

<u>FINDINGS</u>	<u>DATE</u>	<u>COUNTY &amp; STATE</u>

NOTICE: The information you have provided will be processed through the Washington State Patrol Criminal Identification Unit for a Records Examination to determine if you have any convictions of offenses against persons adjudications or child abuse in civil actions or disciplinary board final decisions.

UNDER PENALTY OF PERJURY, I certify that the above information is true, correct and complete. I understand that if I am given a volunteer assignment, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if I am assigned, my position is conditioned on your receipt of a satisfactory report from the Washington State Patrol.

\_\_\_\_\_  
**Signature:**

\_\_\_\_\_  
**Name (Print)**

\_\_\_\_\_  
 City of Bellevue Facilities

**Work Group**

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