

AGENCY LICENSE# 10059

**Arkansas Department of Human Services  
Division of Child Care and Early Childhood Education  
Placement and Residential Licensing Unit  
STATE POLICE CRIMINAL RECORD CHECK**

**Mail completed form and \$25 check or money order made out to the Arkansas State Police to:  
Arkansas State Police- Identification Bureau 1 State Police Plaza Dr. Little Rock, AR 72209**

**SEND A COPY OF ANY CRIMINAL OFFENSES FOUND TO:**

**PLACEMENT AND RESIDENTIAL LICENSING UNIT 2017 E. Race Ave. Searcy, AR 72143**

**Phone 501-268-2714**

LEGAL NAME: \_\_\_\_\_  
Last (Include Jr., II, III) First Middle

MAIDEN NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CURRENT STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE: \_\_\_\_\_ RACE: \_\_\_\_\_ SEX: Male  Female

STATE OF BIRTH: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_ SOC SEC #: \_\_\_\_\_

DRIVER'S LICENSE OR STATE ID NUMBER: \_\_\_\_\_ ISSUED BY STATE OF: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO  YES  (If yes, please provide a description of the crime and the particulars of the conviction.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I state on oath that the representations made herein are true and correct. I understand that I may challenge the accuracy and completeness of any information in any report and obtain a prompt determination as to the validity of the challenge before a final determination is made by the board. I understand that I may be denied a license or exemption to operate a child welfare agency or may be denied unsupervised access to children in the care of a child welfare agency due to information obtained by this check that indicates I have been convicted of, or am under pending indictment for a crime per ACA § 9-28-409. I understand that any background check and the results thereof shall be handled in accordance with the requirements of Pub. L. No. 92-544.**

\_\_\_\_\_  
Signature of Applicant/Employee Date

State of Arkansas, County of \_\_\_\_\_ Subscribed and sworn to before me a Notary Public in and for the county and state aforesaid, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires on \_\_\_\_\_, \_\_\_\_\_.

**I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:**

Kindred Spirits Adoption Services Kym Palmer, LCSW 501-301-5574  
Child Welfare Agency Agency Representative Phone

**MAILING ADDRESS:**

PO Box 21408 Little Rock AR. 72221-1408  
Street City State Zip