



STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE

DJ-LE-250 (Rev. 7/11)

DIVISION OF LAW ENFORCEMENT SERVICES  
Crime Information Bureau  
Record Check Unit

PO Box 2688  
Madison, WI 53701-2688  
608/266-5764

WISCONSIN CRIMINAL HISTORY  
SINGLE NAME RECORD REQUEST

A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included. See reverse side for additional instructions and information. Please print legibly or type.

Requestor Type - Check Only One

- Government Agency \$12.00\*
- General Public \$12.00\*
- Nonprofit Org. \$12.00\*
- Public Defender (Fee Exempt)
- SPD # \_\_\_\_\_
- Police Certificate \$20.00  
(Must include fingerprint card)

Request Purpose - Check Only One

- General Information
- Public Housing
- Caregiver - General (\*Add \$3 DHS fee)
- Child Day Care - Caregiver (\*Add \$3 DHS fee)
- Provide either Facility # \_\_\_\_\_  
or Certifying Agency # \_\_\_\_\_

Payment Type - Check Only One

- Bill Account Number  
# N 2283  
(not available for police certificate)
- Amount Enclosed  
\$ \_\_\_\_\_

Search for a Record on: (Please type or print legibly)

\* Name : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

\* Sex: \_\_\_\_\_ \* Race: \_\_\_\_\_ \* Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(MM) (DD) (YYYY)

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)

\* Required Data

Return request to: (Include a self-addressed, postage-paid envelope)

Name: United Community Center Attn: Human Resources Department  
Street: 1028 S. 9th Street Phone: 414-384-3100  
Milwaukee, WI FAX: 414-645-0165  
City, State, Zip: 53204 E-mail: \_\_\_\_\_

FOR CIB USE ONLY

Special Processing Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## General Instructions

Use form DJ-LE-250 to request a criminal background check on a single individual. Use form DJ-LE-250A to request background checks on multiple persons. Wisconsin Statutes 19.35(1) and 165.82 provide that any person or entity may request a criminal background check. The subject of the inquiry may be any person. Wisconsin adult criminal history data held by the Crime Information Bureau is public information. Wisconsin does not release juvenile information unless statutorily authorized.

The Wisconsin Criminal History Record Request must provide:

- (1) **Requestor Type.** Check the box for your requestor type. If you are a nonprofit organization, you must include a copy of your 501(c)3 ruling from the IRS. If you are a state public defender, you must include your SPD number.
- (2) **Request Purpose.** Check the "General Information" box unless you need the special processing described below. Requests received without a request purpose checked will be processed as "general information."  
Caregiver Background Check processing should be used by entities or individuals required to do caregiver background checks under s. 50.065, and child care entities under s. 48.685. The caregiver background check includes a Wisconsin criminal background check, a license and registry check from the Wisconsin Department of Health and Family Services (DHFS) and a professional credential check from the Wisconsin Department of Regulation and Licensing (DRL). The results of the caregiver background check from DHFS/DRL are returned separately from the Wisconsin criminal history results. Child day care providers with day care facility numbers (assigned by the Division of Children and Family Services in DHFS) or with certifying agency numbers (assigned by the Wisconsin Department of Workforce Development(DWD)) must check the "Child Day Care" box and provide their facility or agency number. All other entities and individuals covered by the Caregiver legislation must check the "Caregiver Background Check – General" box.
- (3) **Payment Type.** Wisconsin s. 165.82 requires CIB to charge a fee for background checks. If appropriate, include DHFS Caregiver fee in Amount Enclosed. If you have an account and wish to be billed, enter your account number. Account customers will be billed monthly. A check or money order must accompany all other requests. Make checks payable to the Wisconsin Department of Justice.
- (4) **Enter the complete name, sex, race, and date of birth of the individual being checked.** Entry of social security number is optional, but please be aware that this number is one of the unique identifiers used by the Crime Information Bureau and by the Department of Health and Family Services. Social Security numbers help prevent incorrect matches.
- (5) **A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included.** This form will be returned and stamped "No Record" if there is no public criminal information on file at CIB. The form will be accompanied by public criminal history information if a record is found. Please allow 10 business days for the CIB record check and reasonable mailing time by the postal service. Do not provide an additional envelope for Caregiver results. General Caregiver results will be returned to the address specified in the "Return request to" section and Child Daycare results will be returned to the address on file at DHFS or DWD.
- (6) **Complete the "Return request to" section.**

Mail requests to: Crime Information Bureau Attn: Record Check Unit PO Box 2688 Madison, WI 53701-2688

**165.82 CRIMINAL HISTORY SEARCH FEE.** (1) Notwithstanding ss. 19.35(3) the Department of Justice shall impose the following fees, plus any surcharge required under sub. (1m), for criminal history searches for purposes unrelated to criminal justice:

- (a) For each record check, except a fingerprint card record check, requested by a nonprofit organization, \$7.00
  - (ag) For each record check, except a fingerprint card record check, requested by a governmental agency, \$7.00.
  - (ar) For each fingerprint card record check, \$15.
  - (b) For each record check by any other requestor, \$7.00.
- (1m) The department of justice shall impose a \$5 surcharge if a person requests a paper copy of the results of a criminal history search requested under sub. (1).
- (2) The Department of Justice shall not impose fees for criminal history searches for purposes related to criminal justice.

**1999 WISCONSIN ACT 9** This act authorizes the Department of Health Services to impose a fee for caregiver checks submitted to that agency. This fee has been set at \$3 and is effective April 1, 2000. The Department of Justice has agreed to collect this fee for DHS.

## Requestor Type Category Definitions

**Nonprofit Organization** – An organization in which no part of the income is distributable to its members, directors or officers. Record check requests submitted to the Crime Information Bureau by nonprofit organizations must include a copy of the organization's 501(c)(3) ruling from the Internal Revenue Service].

**Governmental Agency** – A federal, state, county or municipal governing body created by constitution, state, code, charter, ordinance, rule or order and any formally constituted subunit or agency thereof. This category includes public school districts.

**Any Other Requestor** – Includes any individual, agency or organization that does not meet the definition of governmental agency, nonprofit organization or a criminal justice agency involved in the administration of criminal justice.

**Police Certificate** – A fingerprint-based criminal history search most commonly needed for purposes of immigration or adoption. This search is of Wisconsin criminal history records only. Searches for other states must be performed through each state or the FBI. Please indicate any special processing instructions in the space provided.

## BACKGROUND INFORMATION DISCLOSURE (BID)

- **PENALTY: Knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000 and other sanctions as provided in Wis. Admin. Code § DHS 12.05(4).**
- Completion of this form is required under the provisions of Wis. Stat. § 50.065. Failure to comply may result in a denial or revocation of your license, certification, or registration, or denial or termination of your employment or contract.
- Providing your social security number is voluntary; however, your social security number is one of the unique identifiers used to prevent incorrect matches.
- Refer to DQA form F-82064A, *BID Instructions*, for additional information.

**Check the box that applies to you.**

- |  |  |
|--|--|
| <input type="checkbox"/> Employee / Contractor (including new applicant)   | <input type="checkbox"/> Household member (lives on premises, but is not a client) |
| <input type="checkbox"/> Applicant for a license, certification, or registration (including continuation or renewal) | <input type="checkbox"/> Other – Specify: _____                                    |

**NOTE:** If you are an owner, operator, board member, or non-client resident of a facility regulated by the Division of Quality Assurance (DQA), complete the BID, F-82064 and the [Appendix, F-82069](#), and submit both forms to the address noted in the Appendix Instructions.

Full Legal Name – <i>First</i>		<i>Middle</i>	<i>Last</i>	
Position Title (Complete only if a prospective or current employee or contractor.)			Birth Date ( <i>MM/dd/yyyy</i> )	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Any Other Names By Which You Have Been Known (Including Maiden Name)				
Race / Ethnicity (Check ONLY one.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Unknown				Social Security Number
Home Address		City	State	Zip Code
Business Name and Address – Employer or Care Provider (Entity)				

**A “NO” answer to all questions does not guarantee employment, residency, a contract, or regulatory approval.**

Note: The areas below that are designated for responses are expandable.

**SECTION A ACTS, CRIMES, AND OFFENSES THAT MAY ACT AS A BAR OR RESTRICTION**

1. Do you have any criminal charges pending against you, including in federal, state, local, military, and tribal courts?  
 If **Yes**, list each charge, when it occurred or the date of the charge, and the city and state where the court is located.  
 You may be asked to supply additional information, including a copy of the criminal complaint or any other relevant court or police documents.

Yes No

2. Were you ever convicted of any crime anywhere, including in federal, state, local, military, and tribal courts?  
 If **Yes**, list each crime, when it occurred or the date of the conviction, and the city and state where the court is located.  
 You may be asked to supply additional information including a certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

Yes No

3. **IMPORTANT: Read before completing item 3.**  
**Wis. Stat. § 48.981 Abused and neglected children and abused unborn children. (7)(a) CONFIDENTIALITY.** “All reports made under this section, notices provided under sub. (3) (bm), and records maintained by an agency and other persons, officials, and institutions shall be confidential.” Reports and records may be disclosed only to the persons identified in this section.

**If you are the employer or prospective employer of the person completing this form and are entitled to obtain this information per the above, check this box.**

Has any government or regulatory agency (other than the police) ever found that you committed child abuse or neglect?  
 If the above box has been checked, provide an explanation below, including when and where the incident(s) occurred.

Yes No

- |   |   |  |
|---|---|--|
| <p>4. Has any government or regulatory agency (other than the police) ever found that you abused or neglected any person or client?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>     | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Has any government or regulatory agency (other than the police) ever found that you <b>abused an elderly person</b>?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?<br/>If <b>Yes</b>, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**SECTION B – OTHER REQUIRED INFORMATION**

- |   |   |  |
|---|---|--|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?<br/>If <b>Yes</b>, explain, including when and where it happened and the reason.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?<br/>If <b>Yes</b>, indicate the year of discharge: _____<br/>Attach a copy of your DD214, if you were discharged within the last three (3) years.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (4) years?<br/>If <b>Yes</b>, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?<br/>If <b>Yes</b>, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**Read and initial the following statement.**

\_\_\_\_\_ I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

Name – Person Completing This Form	Date Submitted
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