



# NEBRASKA STATE PATROL

## Criminal History Record Request

### 1. Purpose of form

This form is used to request a Record of Arrest and Prosecution (RAP) sheet for person of interest listed below. The RAP sheet includes only Nebraska fingerprint based arrests and resulting dispositions. There is a \$15.50 fee for this service. This fee is accepted as cash, check or money order. Make check or money order payable to Nebraska State Patrol.

**Certification/Notarization of record by the Nebraska State Patrol must be specifically requested.**

Check "yes" to request certification/notarization. \_\_\_\_\_ Yes

For questions, call the Criminal identification Division at 402-479-4971.

**Requests can also be made online at [ne.gov/go/cbg](http://ne.gov/go/cbg). Online requests can be paid with a credit or debit card.**

### 2. Request Information

Date of Request: _____		
This request is on (Check one):	<input type="checkbox"/> Yourself	<input type="checkbox"/> Someone else
Reason for request: _____		

### 3. Person of Interest (Person on whom the background check will be complete)

Please provide as much information as possible. **First & Last Names and Date of Birth (DOB) are required fields.**

First Name:	Middle Name:	Last Name:	
DOB:	Place of birth:	Race:	Gender:
Current Street Address:		City, State, Zip code:	
ALIAS/AKA: List any other names used: maiden/married/adopted/nicknames/short names, etc			
Social Security Number:	<i>This request will not be denied for refusal to provide a social security number, but the criminal history check <u>may take longer without the number</u>, which will be used only for the purpose of confirming identity during the criminal history check.</i>		
Phone #:	Fax #:		

### 4. Individual or agency requesting/receiving the background check (Only if different than section 2)

Agency/Company Name:	
Individual Name:	
Mailing Address:	City, State, Zip code:
Phone #:	Fax #:
<b>Results will be sent by fax or mail. For security reasons we are unable to send results by email.</b>	

**Mail completed form with payment to:** Nebraska State Patrol, Criminal Identification Division  
 PO Box 94907  
 Lincoln, NE 68509-4907

\_\_\_\_\_  
*Signature of Requester (individual or agency)*

### 5. Notarized Release (Optional)

Portions of the criminal history record may be redacted in accordance with Nebraska Revised Statute §29-3523. If you would like a full release of the criminal history record, the person of interest (from section 3) must sign this form before a notary public. If this form is NOT notarized, a public record will be released to you. See §29-3523 for the difference between a *public* and *full release* criminal history record.

I consent to the disclosure and copying of any Record of Arrest and Prosecution to the person or entity listed above in Section 4.

State of \_\_\_\_\_ )  
 ) ss  
 County of \_\_\_\_\_ )

\_\_\_\_\_  
*Signature of Person of Interest from Section 3*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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