

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MENDOCINO

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

Disclosure

For everyone's benefit, the Superior Court of California, County of Mendocino, (hereinafter referred to as "Court") has a policy of criminal background screening and/or Live Scan on candidates applying for membership to court-appointed boards or commissions. All reports are **confidential** and done in strict compliance with the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws. Screenings will be conducted by the Court or the Mendocino County Sheriff's Office (hereinafter referred to as "Sheriff").

Authorization

I, _____, acknowledge that I have read the above **Disclosure** and hereby authorize the Court and/or Sheriff to perform a criminal background check, including Live Scan. I authorize and release people, companies, references, current and former employers, schools, municipal, county, state and federal agencies and courts, licensing/credentialing agencies and agencies that provide motor vehicle driving records to provide all information that is requested by the Court or Sheriff. I understand that I may obtain a copy of my report as provided by law by contacting the Court. I agree that a copy or fax of this document shall be as valid as the original.

Please indicate the following (an affirmative answer will not necessarily disqualify you):

- | | | |
|---|-----|----|
| 1. Have you ever been convicted of a felony or misdemeanor crime? | Yes | No |
| 2. Are you currently out on bail or released on your own recognizance awaiting trial? | Yes | No |
| 3. Do you have an outstanding warrant? | Yes | No |

If you answered **YES** to question 1, 2, or 3 above, please explain on an attachment.

The following information is required when checking public records. It is confidential and for identification purposes only.

PLEASE PRINT CLEARLY. ANY INFORMATION THAT IS NOT LEGIBLE WILL CAUSE A DELAY.

LAST NAME _____	FIRST NAME _____	MIDDLE NAME _____	SOCIAL SECURITY No. _____
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MONTH: _____ DATE: _____ YEAR: _____	FORMER NAMES/OTHER NAMES USED: _____	DATE OF NAME CHANGE: _____
DATE OF BIRTH: _____		

NAME AS IT APPEARS ON DRIVER'S LICENSE OR I.D. _____	DRIVER'S LICENSE OR I.D. NUMBER _____	STATE OF ISSUE _____
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PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES (USE BACK IF NEEDED)

CURRENT:	_____	_____	_____	_____	_____
	FULL STREET ADDRESS	CITY	STATE	ZIP	YEARS
FORMER:	_____	_____	_____	_____	_____
	FULL STREET ADDRESS	CITY	STATE	ZIP	YEARS
FORMER:	_____	_____	_____	_____	_____
	FULL STREET ADDRESS	CITY	STATE	ZIP	YEARS

I certify that all statements by me contained herein are true.

DATE _____	APPLICANT'S SIGNATURE _____
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Check here if you are including attachments or using the reverse side.