

**CRIMINAL RECORD SELF-DISCLOSURE FOR FOSTER CARE**

Your fingerprints will be submitted to the Arizona Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for criminal history check. Your self-disclosure on this affidavit and the information obtained through background checks, as authorized by Public Law and Arizona Revised Statutes, will be used to help us determine your fitness to have unsupervised access to children or vulnerable adults. **Your failure to disclose true and accurate information on this affidavit will be sufficient grounds to deny/revoke a license to provide care to children or vulnerable adults and may be referred to the State Attorney General's Office for prosecution.**

You have the right to obtain a copy of your background check report and challenge the accuracy or completeness of information contained in the report. If you challenge the information in the report, you also have a right to prompt determination as to the validity of your challenge. To obtain a copy of your criminal history record contact the DPS Records Unit, ACJIS Division at (602) 223-2222.

YOUR NAME (First, Middle, Last) \_\_\_\_\_ DATE OF BIRTH (MM/DD/YY) \_\_\_\_\_

ADDRESS (No., Street, Apt. No., City, State, ZIP) \_\_\_\_\_

Check one of the following and provide information as directed:

- I have not committed, been convicted of, nor am I under pending indictment for any crimes.
- I have committed, been convicted of, or am under pending indictment for the following crime(s) (provide dates, location/jurisdiction, circumstances and outcome – attach additional pages as needed).

**ALSO** - Check one of the following and provide information as directed:

- I am not subject to registration as a sex offender in Arizona or in any other jurisdiction.
- I am subject to registration as a sex offender (provide dates, location/jurisdiction, circumstances and outcome – attach additional pages as needed).

I certify that I understand this affidavit. My self-disclosure is true, accurate, and complete to the best of my knowledge.

\_\_\_\_\_  
Your Signature \_\_\_\_\_  
Date

**NOTARY PUBLIC**

State of Arizona, County of \_\_\_\_\_

Subscribed and sworn or affirmed and acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Month Year

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public's Signature

---

### Section A – Absolute Precluders

The Arizona Department of Economic Security **must** deny, suspend, or revoke a license to provide foster home or developmental home care if the license applicant or an adult household member has committed, been convicted of, or is awaiting trial for one or more of the following crimes.

- ◆ First or second-degree murder
  - ◆ Voluntary manslaughter
  - ◆ Child abuse or abuse of a vulnerable adult
  - ◆ Kidnapping
  - ◆ Sexual abuse of a minor or of a vulnerable adult
  - ◆ Incest
  - ◆ Sexual assault
  - ◆ Sexual exploitation of a minor or of a vulnerable adult
  - ◆ Commercial sexual exploitation of a minor or of a vulnerable adult
  - ◆ Sexual conduct with a minor
  - ◆ Molestation of a child or of a vulnerable adult
  - ◆ A dangerous crime against children as defined in A.R.S. § 13-604.01
  - ◆ Felony offenses within the previous ten years involving the manufacture or distribution of marijuana or dangerous or narcotic drugs
  - ◆ Robbery
  - ◆ Aggravated assault
  - ◆ Arson
- 

### Section B – Possible Precluders

The Arizona Department of Economic Security **may** deny, suspend, or revoke a license to provide foster home or developmental home care if the license applicant or an adult household member has committed, been convicted of, or is awaiting trial for one or more of the following crimes.

- ◆ Child neglect or neglect of a vulnerable adult
  - ◆ Contributing to the delinquency of a minor
  - ◆ A sex offense (*i.e., indecent exposure, pornography, lewd and lascivious conduct*)
  - ◆ A drug related offense (*i.e., possession of illegal drugs, DUI, or drug paraphernalia*)
  - ◆ A theft related offense (*i.e., auto theft, larceny, burglary, bad checks, fraud, shoplifting*)
  - ◆ A violence related offense (*i.e., petty assault, domestic violence, weapon offense, extortion*)
- 

### Section C – Criteria for Assessing Possible Precluders

The Arizona Department of Economic Security may consider extenuating or mitigating factors for crimes when assessing whether to take an adverse licensing action. The license applicant is responsible for providing information, documentation, and written personal references for this assessment at the request of the Office of Licensing, Certification, and Regulation. Extenuating and mitigating factors may include:

- ◆ **The extent of the criminal record.** A person with only one conviction will be given higher consideration than a person with multiple convictions.
  - ◆ **The length of time since the offense occurred.** At least three years must have passed since a misdemeanor offense; at least ten years for a felony offense.
  - ◆ **The nature of the offense.** A person convicted of or charged with a lesser offense, victimless offense, or an offense that did not result in injury to another person will be given higher consideration than a person convicted of or charged with an offense resulting in significant harm, injury, emotional, or financial loss to another person.
  - ◆ **The degree of participation.** A person who was not directly involved in the commission of an offense will be given higher consideration than a person who directly committed an offense.
  - ◆ **The circumstances of the offense.** Consideration will be given if there are mitigating circumstances to an offense (*i.e., a crime committed to protect one's self from an attack initiated by another person.*)
  - ◆ **Extent of rehabilitation.** Consideration will be given to evidence demonstrating positive changes have been taken or made to correct criminal behavior. Such evidence may include completion of probation or parole, successful completion of a drug treatment program or counseling, making restitution or paying compensation for the offense, and completing education or training.
- 

### Equal Opportunity Employer/Program

Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting (602) 347-6340.