



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

DJ-LE-250 (Rev. 3/00)

DIVISION OF LAW ENFORCEMENT SERVICES
Crime Information Bureau
Record Check Unit

PO Box 2688
Madison, WI 53701-2688
608/266-5764
V/TTY 608/267-8902

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 \$5.00
General Public \$13.00
Nonprofit Org. \$2.00
Nonprofit # ES-
Public Defender (Fee Exempt)
SPD #

Request Purpose - Check Only One

- General Information
Public Housing
Caregiver - General (Add \$2.50 DHFS fee)
Child Day Care - Caregiver (Add \$2.50 DHFS fee)
Provide either Facility #
or Certifying Agency #

Payment Type - Check Only One

- Bill Account
Number #
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

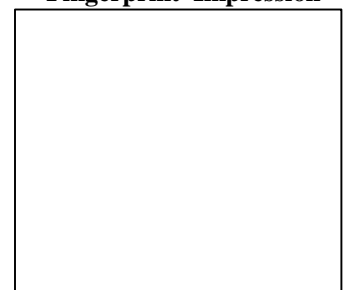
Return request to: (Include a self-addressed, postage-paid envelope)

Name: Attn:
Street: Phone:
City, State, FAX:
Zip: E-mail:

FOR CIB USE ONLY

If an individual is requesting his or her own record and wishes to guarantee the correct record is furnished, a legible inked fingerprint impression of the right index finger must accompany this request.

Right Index Fingerprint Impression



## 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 your nonprofit number. 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.”

Public Housing entities are eligible under federal rules for information from the FBI’s Interstate Identification Index. Check the “Public Housing” box to request information from CIB and FBI files. No record will be provided from the FBI files, but public housing entities will be advised if a record exists, and they may then initiate a fingerprint-supported background check.

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 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, \$2.
- (ag) For each record check, except a fingerprint card record check, requested by a governmental agency, \$5.
- (ar) For each fingerprint card record check requested by a governmental agency, \$10.
- (b) For each record check by any other requestor, \$13.

(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 and Family Services to impose a fee for caregiver checks submitted to that agency. This fee has been set at \$2.50 and is effective May 1, 2000. The Department of Justice has agreed to collect this fee for DHFS.

## Requestor Type Category Definitions

**Nonprofit Organization (\$2 Fee)** – 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 the assigned nonprofit number or other such information that will allow verification of “nonprofit” status.

**Governmental Agency (\$5 Fee)** – 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.

**Any Other Requestor (\$13 Fee)** – 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.