Content Type
Background Checks-Records Request

☐ BCI Only ☐ NORIS ☐ Is this individual being fingerprinted for KGAP/Are they becoming certified as a foster parent? *If so, BCI and FBI codes will automatically be: 2151.86 and 2151.86*
☐ Both (BCI & FBI)

LCCS 6551
Rev. 12/2024

Lucas County Children Services Request for Criminal Records Check

REQUESTED BY: **UNIT:** _____ **WORKER**: _____

CASE NAME: _____ **SACWIS CASE ID**:_____ **INTAKE ID:** _____
(If No SACWIS ID)

PROVIDER NAME: _____ **PROVIDER ID:** _____

WHAT IS THIS PERSON'S RELATIONSHIP TO THE CASE? Check one of the following:

____ **Mother** ____ **Father of Whom:** _____

____ **Relative - Relationship:** _____ **Relative to Whom**: _____

____ **Alternative Caregiver - Phone Number for Alternate Caregiver (REQUIRED):** _____

____ **Neighbor** ____ **Significant Other** ____ **Adult Household Member**

____ **Other - Specify Relationship:** _____ **To Whom:** _____

Print All Information Clearly

SUBJECT'S NAME (Last, First, Middle)	**ANY AKA's** (Maiden Name, etc.)
SACWIS PERSON ID	**LCCS CLIENT ID**

ADDRESS (Number, Street, City, State, Zip)	**DATE of BIRTH** (Month/Day/Year)

SOCIAL SECURITY #	**RACE**	**ETHNICITY** (Check One) ☐ Hispanic ☐ Non-Hispanic	**SEX**	**HEIGHT**	**WEIGHT**

RELEASE (TO BE SIGNED BY SUBJECT AND WITNESS) * SIGNATURES ONLY REQUIRED FOR FBI CHECKS*****

I hereby authorize and request Lucas County Children Services to conduct a search for any and all information regarding criminal records concerning me. I am aware that the information retrieved in response to this search request may be restricted by appropriate state, federal or local law and the use to which it may be put shall be limited to this request.

_____ _____ _____
Signature of Witness **Date** **Signature of Subject**

If this FBI check is being requested without the subject's signature, a supervisor's signature is required **AND** a reason for the check MUST be included.

☐ Client refused to sign - Explain the reason for this check:

_____

☐ Safety concerns - Explain the reason for this check:

_____

_____ _____
Supervisor's Signature **Date**

Disclaimer: This record reflects **only** the information found in the database of the Northwest Ohio Regional Information System (NORIS). This record check was completed by name only, not by fingerprints. Therefore, the true identity of the person in question is unverified. **This is not to be construed as a complete criminal history or record.**

____ No Record ____ Record Imaged ____ TPO ____ Warrant(s) ____ Accurint

_____ _____
(Date Printed) **(Record Checked By)**

RESULT: The above subject was checked in the Web Check database and has:

____ No FBI ____ No BCI ____ FBI/BCI hit with No Convictions

____ FBI Attached ____ BCI Attached

_____ _____
(Date Printed) **(Record Results Entered By)**

INSTRUCTIONS: Attach to email this completed form to lucaskids-CRC@jfs.ohio.gov for processing.

CLEAR FORM