

WALLA WALLA COUNTY JUVENILE JUSTICE CENTER
DEPARTMENT OF COURT SERVICES

ARREST and CRIMINAL HISTORY BACKGROUND CHECK

Pursuant to RCW 43.43.830 through 43.43.845 and local policies and procedures. All information will be kept confidential and this document will be destroyed once check is completed.

Purpose of Check (circle all that apply):

- | | | | | | | |
|---------------|------------|---------------|------------|---------|------|------------|
| AA | AmeriCorps | CAB/Diversion | CASA | Chapel | ESD | Employment |
| GAL | NA | Research | S.T.A.R.T. | Student | Tour | Trilogy |
| Truancy Board | Tutor | | | | | |

Please PRINT Legibly and Completely Fill Out Entire Form

Last Name

First Name

Middle Name

Aliases or Maiden Names (Please Print Full Name)

Date of Birth

Social Security Number

Driver's License Number

Issuing State

Address

City

State

Zip

Home Phone

Mobile Phone

Work Phone

Email

Ethnicity

Gender

Height

Weight

Glasses?

Y

N

Eye Color

Hair Color

Build

Complexion

Scars, Marks, Tattoos

Signature

Date

<u>JJC Use Only</u>			
NCIC:	_____	_____	_____
Date	Status	Administrator Signature	