

15TH JUDICIAL DISTRICT COURT

PARISH OF ACADIA

STATE OF LOUISIANA

DOCKET NO.: _____

DIV.: _____

IN RE: THE ADOPTION OF _____

FILED: _____

DEPUTY CLERK

SERVICE INFORMATION
FOR RECORDS CHECK PACKETS

I, _____, do hereby acknowledge receipt on the _____ day of _____, _____, of one/two records check packet(s) in the above-captioned matter. I understand that it is the responsibility of the attorney of record to ensure each petitioner in the above-captioned matter must complete the enclosed instructions timely, in order to avoid delay in finalizing the adoption.

Signature of Attorney or his/her Representative

Print Name: _____

If not attorney, print attorney's name & address below:

RECORDS CHECK INSTRUCTION SHEET

In order to comply with the Louisiana Children's Code's records check requirement for intrafamily and private adoptions seeking court approval, the following procedures shall be followed by **each petitioner** to obtain information on all federal arrests and convictions as well as state arrests and convictions in Louisiana and any other states in which either of the prospective adoptive parent(s) has been domiciled.

Enclosed you will find:

1. One Fingerprint Card
2. State Authorization Form
3. State Rap Disclosure Form

Records Check Requirements

1. Fill out both forms with applicant's name, social security number, date of birth, driver's license number and reason for request
2. Each petitioner must sign his/her respective form
3. Send each petitioner to have fingerprints taken at the Sheriff's Office. LEAVE COMPLETELY BLANK. The Sheriff's Officer will fill out the cards electronically. At this time, the taking of fingerprints costs \$10 (personal check, money order, or cash accepted [correct change recommended]).

Fingerprinting is done on Mondays and Fridays from 1:00 to 3:00 p.m. at:

Acadia Parish Sheriff's Office
AFIS Division.
1037 Academy Avenue
Crowley, LA 70526

Motion and Order for Records Check

1. A motion and order for records checks in compliance with the Louisiana Children's Code Art. 1131 and Art. 1243.2 should have been filed with the adoptive petition. **IF NOT, submit as soon as possible, as this may delay the finalization of the adoption.**
2. A certified copy of the signed Order for Records Checks must be enclosed with all required materials and payments below, which you will send to the Louisiana State Police.

Mailing and Filing

In an envelope to the Louisiana State Police, Bureau of Criminal Identification and Information (address on both State Authorization form as well as State Rap Disclosure form) send:

1. One certified copy of signed Order for Records Check
2. One State Authorization form per petitioner
3. One State Disclosure form per petitioner
4. One Fingerprint Card per petitioner
5. \$45.25 per petitioner (money order, cashier' check, or business check only)

Make money orders and checks payable to Louisiana State Police

NOTE: No records check results will be accepted by hand from the attorney or petitioner(s). Results must be sent directly from the State Police to the Lafayette Parish Clerk of Court.

Due to delays and other complications, the Court recommends that the materials be sent to the State Police via some method of fast, traceable delivery (Express Mail, Federal Express, UPS, etc.). Cost is approximately \$15. Envelope should be mailed to:

ATTN: Regina LeBlanc
Louisiana State Police
7919 Independence Blvd.
Baton Rouge, LA 70806

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$19.25 FEE.

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY****

*****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION*****

****PLEASE PRINT****

FACILITY OR AGENCY

FACILITY OR AGENCY AUTHORIZED REPRESENTATIVE

MAILING ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

()

CITY

STATE

ZIP CODE

FACILITY OR AGENCY PHONE NUMBER

FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- | | |
|--|---|
| <input type="checkbox"/> ALCOHOL AND BEVERAGE COMMISSION | <input type="checkbox"/> OFFICE OF FINANCIAL INSTITUTIONS |
| <input type="checkbox"/> ALCOHOL BEVERAGE OUTLET | <input type="checkbox"/> OFFICE OF PUBLIC HEALTH |
| <input type="checkbox"/> CASA | <input type="checkbox"/> PHARMACY BOARD |
| <input type="checkbox"/> CONCEALED HANDGUNS | <input type="checkbox"/> POST SECONDARY EDUCATION |
| <input type="checkbox"/> CRIMINAL JUSTICE EMPLOYEE | <input type="checkbox"/> PRACTICAL NURSING |
| <input type="checkbox"/> DAYCARE | <input type="checkbox"/> PRIVATE ADOPTION |
| <input type="checkbox"/> DENTISTRY BOARD | <input type="checkbox"/> PRIVATE INVESTIGATORS |
| <input type="checkbox"/> DEPARTMENT OF LABOR | <input type="checkbox"/> PRIVATE SECURITY |
| <input type="checkbox"/> DEPARTMENT OF PUBLIC SAFETY | <input type="checkbox"/> PUBLIC HOUSING |
| <input type="checkbox"/> EMPLOYERS | <input type="checkbox"/> PUBLIC TAG AGENT |
| <input type="checkbox"/> FIREFIGHTERS | <input type="checkbox"/> REGISTERED NURSING |
| <input type="checkbox"/> GAMING | <input type="checkbox"/> RELIGIOUS ACTIVISTS |
| <input type="checkbox"/> HEALTH CARE PROVIDER | <input type="checkbox"/> RIVERBOAT PILOTS |
| <input type="checkbox"/> JUVENILE DETENTION CENTER | <input type="checkbox"/> SCHOOL |
| <input type="checkbox"/> DEPARTMENT OF INSURANCE | <input type="checkbox"/> SENATE AND GOVERNMENTAL AFFAIRS |
| <input type="checkbox"/> MANUFACTURED HOUSING | <input type="checkbox"/> TAXI DRIVERS |
| <input type="checkbox"/> MEDICAL EXAMINERS | <input type="checkbox"/> USED MOTOR VEHICLE COMMISSION |
| <input type="checkbox"/> OCS ABUSE/NEGLECT INVESTIGATION | <input type="checkbox"/> VENDOR |
| <input type="checkbox"/> OCS CARETAKER | <input type="checkbox"/> VOLUNTEERS W/YOUTH SERVING ORG |
| <input type="checkbox"/> OCS FOSTER/ADOPTIVE | <input type="checkbox"/> WORKING WITH CHILDREN |
| <input type="checkbox"/> OCS PERSONNEL | <input type="checkbox"/> AUTHORIZED AGENCY |

APPLICANTS FULL NAME: _____
****PRINT - USE INK****
LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE: _____

APPLICANTS SOCIAL SECURITY # ___ - ___ - _____ DATE OF BIRTH: ___ / ___ / ___

DRIVERS LICENSE # _____ & STATE _____ RACE _____ SEX _____

POSITION OR LICENSE APPLIED FOR _____

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above.

**APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION**

**P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896**

LSPAPP5/R10.03

AGENCY

**NOTICE:
PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE.
INCOMPLETE FORMS WILL NOT BE
PROCESSED.**

MAILING ADDRESS

CITY

STATE

ZIP CODE

NAME

_____/_____/_____
DATE OF BIRTH

_____/_____
RACE/SEX

_____-_____-_____
SOCIAL SECURITY NUMBER

**ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY
THOSE AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT A
REQUEST.**

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

RAPSHEET ATTACHED

RESPONSE BELOW

15TH JUDICIAL DISTRICT COURT

PARISH OF ACADIA

STATE OF LOUISIANA

DOCKET NO.: _____

DIV.: _____

IN RE: _____
PETITIONER(S) FOR ADOPTION

FILED: _____

DEPUTY CLERK

MOTION FOR RECORDS CHECK

NOW INTO COURT, through undersigned counsel, come _____,
wife of/and _____, Petitioner(s), who respectfully request that the
Court issue an order Pursuant to Louisiana Children's Code Articles 1131 (E)(1) directing the
Louisiana Office of State Police, Bureau of Criminal Identification and Information (State
Police) to conduct a records check for all federal arrests and convictions AND an order directing
the Louisiana Department of Social Services (DSS) to conduct a records check for any validated
complaints of child abuse or neglect.

WHEREFORE it is prayed that the Court issue an order directing the State Police and
DSS to run the respective background checks as indicated above.

Respectfully submitted:

Signature of Attorney

City/State/Zip Code

Telephone

Attorney for Adoptive Parents

15TH JUDICIAL DISTRICT COURT

PARISH OF ACADIA

STATE OF LOUISIANA

DOCKET NO.: _____

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FILED: _____

DEPUTY CLERK

ORDER FOR RECORDS CHECK

CONSIDERING the foregoing motion for records check;

IT IS HEREBY ORDERED that the Louisiana Office of State Police, Bureau of Criminal Identification and Information (State Police) conduct state and federal records checks for all arrests and convictions, pursuant to Louisiana Children's Code Article 1131 (E)(1), on the prospective adoptive parent(s) listed below and return the results to:

Acadia Parish Clerk of Court
ATTN: Adoptions Clerk
P.O. Box 922
Crowley, LA 70527-0922

IT IS FURTHER ORDERED that the Louisiana Department of Social Services conduct a records check for any validated complaints of child abuse or neglect in the State of Louisiana or any other state in which the following prospective adoptive parent(s) have been domiciled since becoming a major:

Prospective Adoptive Father

Prospective Adoptive Mother

Name: _____

Name: _____

Aliases: _____

Aliases: _____

Date of Birth: _____

Date of Birth: _____

Social Security No.: _____

Social Security No.: _____

States of domicile since becoming a major: _____

States of domicile since becoming a major: _____

IT IS FURTHER ORDERED that the Louisiana Office of State Police and the Louisiana Department of Social Services submit a report of their findings to the Court not later than the _____ day of _____, 200__.

SIGNED this _____ day of _____, 200__, at
Lafayette, Louisiana.

JUDGE _____
(Print Name)

ORI# LA028025J

PLEASE SERVE:

By Regular Mail:

Print Name of Attorney and Bar No.
(for Adoptive Parents)

Street Address: _____

By Certified Mail:

State of Louisiana
Dept. Of Social Services/Office of Community Services
825 Kaliste Saloom Rd.
Building 6, Suite 200
Lafayette, LA 70508