

**GUIDELINES FOR COMPLETING
"REQUEST FOR LIVE SCAN SERVICE FORM"**

FIELD	COMMENT
ORI (Originating Agency Identifier):	This is a number assigned by DOJ to identify authorized users. Each agency must have an assigned ORI prior to submitting fingerprints.
TYPE OF APPLICATION:	Example: Peace Officer, State Employee, Employment, License, Permit, etc. The application type determines the dissemination criteria used in preparing the response, and each authorized agency has specific application type(s) it is permitted to use. Since agencies may have more than one authorized application type, it is important this field be filled out correctly.
JOB TITLE OR TYPE OF LICENSE, CERTIFICATION OR PERMIT:	Example: Petition for Adoption, Emergency Child Placement, Foster Family Home, Volunteer, etc. This is a free-form field where the agency can include the specific job title, license, certificate or permit being requested. If the Application Type and Title conflict (e.g., Foster Family License applicant type, and Petition for Adoption application title) the transaction may be rejected.
AGENCY ADDRESS SET CONTRIBUTING AGENCY:	Please print or attach a pre-printed label containing the name and address label of the authorized applicant agency requesting the fingerprint check. Those agencies authorized to use generic ORIs must ensure that the agency name in this field is identical to the name used when the ORI was authorized, otherwise the transaction may be rejected.
MAIL CODE:	This is a unique number assigned by the Department of Justice to those agencies which have requested responses by electronic mail or fax. If this code is not entered, the response may be printed out and mailed instead of sent electronically. An incorrect code will cause the response to be sent to the wrong agency.
CONTACT NAME:	Enter the person's name at the agency who is authorized to receive the response. THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK
CONTACT TELEPHONE NUMBER:	Enter the phone number for the Contact Person. THIS IS MANDATORY FOR APPLICANTS REQUIRING A CHILD ABUSE INDEX CHECK
NAME OF APPLICANT & PERSONAL DESCRIPTORS:	Enter the requested information.
MISC NO. BIL (Billing Number):	If the agency has been assigned a billing number by the Department of Justice, that number should be recorded here. If the agency does not have a billing number, the applicant should be prepared to pay all fees associated with the transaction directly to the Live Scan operator.
HOME ADDRESS:	The applicant's home address is mandatory for applicants requiring a Child Abuse Index check and where statute requires a notification to the applicant as well as the agency.
YOUR NUMBER:	Some agencies assign a unique number to each applicant. A field is provided for this number for the agency's convenience to help match the response to the correct applicant (this can be helpful if you have applicants with similar names).
LEVEL OF SERVICE:	Please check the appropriate box(es). Please note that your agency must be authorized by statute to receive the information requested. In addition, the APPLICANT TYPE will dictate the level(s) of service permitted. In those situations where the FBI level of service is permitted, you must check the FBI box or you will not receive a response from the FBI.
ORIGINAL ATI (Applicant Transaction Identifier) NO.:	FOR RE-SUBMISSIONS ONLY. The ATI is recorded on the last line of the Live Scan Request form by the Live Scan operator when the transaction is completed. If the applicant's fingerprints were previously rejected and are now being re-submitted, the ATI from the ORIGINAL Live Scan Request form must be included or the agency will be charged again for the transaction.
EMPLOYER:	This field is required to be completed if a response is required to be sent to the employer in addition to, or instead of, the submitting agency, (i.e., a facility licensed by the Department of Social Services).



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

Applicant Submission

CA0349435

Type of Application (Check One Only)

Record Review

Foreign Adoption

ORI (Code assigned by DOJ)

Reason for Application

Contributing Agency Information:

DEPARTMENT OF JUSTICE

Agency Authorized to Receive Criminal Record Information

P.O. BOX 903417

Street Address or P.O. Box

SACRAMENTO

City

CA 94203-4170

State ZIP Code

07041

Mail Code (five-digit code assigned by DOJ)

RECORD REVIEW UNIT

Contact Name (mandatory for all school submissions)

(916) 227-3835

Contact Telephone Number

Applicant Information:

Last Name

Other Name

(AKA or Alias)

Last

Date of Birth

Sex Male

Female

Height

Weight

Eye Color

Hair Color

Place of Birth (State or Country)

Social Security Number

Street Address or P.O. Box

First Name

Middle Initial

Suffix

First

Suffix

Driver's License Number

Misc. Number (Other Identification Number)

Telephone Number

City

State

ZIP Code

Level of Service: DOJ Only

If re-submission, list original ATI number (Must provide proof of rejection):

Original ATI Number

Foreign Government Embassy: (Mandatory for Foreign Adoption requests pursuant to Penal Code section 11105(c)(12))

Designee -- Do not include Employer: (Optional for individual designated by applicant to Penal Code section 11124)

Designee or Embassy Name

Street Address or P.O. Box

City

State

Country

ZIP Code

Telephone Number

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed



REQUEST FOR LIVE SCAN SERVICE (Record Review or Foreign Adoption)

Privacy Notice

Collection and Use of Personal Information. The Record Review Unit in the Department of Justice collects the information requested on this form as authorized by Penal Codes 11121 and 11105(C)(12). The Record Review Unit uses this information to process applications pertaining to Live Scan service for record review or foreign adoption. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The Department of Justice's general privacy policy is available at: <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the Record Review Unit in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service for record review or foreign adoption, we may need to share the information you give us with other government agencies.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by state or federal law;
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Record Review Unit via telephone at (916) 227-3835 or by mail at:

Department of Justice
Bureau of Criminal Information & Analysis
Record Review Unit
P.O. Box 903417
Sacramento, CA 94203-4170



PRINT **RESET**

APPLICATION FOR RECORD REVIEW PROCESSING FEE WAIVER CLAIM AND PROOF OF INDIGENCE

APPLICANT INFORMATION

Full Name: _____

Street or Mailing Address: _____

City, State, Zip Code: _____

PROOF OF INDIGENCE

As mandated by Penal Code section 11123, an individual may request a waiver of the record review processing fee. Any request for a fee waiver must include a claim and proof of indigence. Please check one of the three (3) following options to indicate how you are confirming your claim of indigence.

I receive government assistance and have attached a copy of my documentation.
Examples of governmental assistance include, but are not limited to, Supplemental Security Income (SSI), California Work Opportunity and Responsibility to Kids (CalWORKs) program, unemployment benefits, or disability insurance.

I am currently incarcerated in a local, state, or federal correctional institution/facility.
Institution/facility name: _____
Institution/inmate number: _____

I am indigent based on my annual income and the number of people in my household.

As shown in the table below, based on the number of people in your household, if your income is at or below 138% of the annual Federal Poverty Guidelines, you may certify your status as indigent.

Family Size	Annual Income*	Family Size	Annual Income*	Family Size	Annual Income*	<i>If you have more than 12 people in your household, please add \$5,741 for each extra person.</i>
1	\$16,395	5	\$39,248	9	\$62,169	
2	\$22,108	6	\$44,962	10	\$67,910	
3	\$27,821	7	\$50,688	11	\$73,651	
4	\$33,534	8	\$56,429	12	\$79,392	

* Annual Federal Poverty Level published in the Federal Register on January 25, 2016.

Upon completion of this Application for Record Review Processing Fee Waiver Claim and Proof of Indigence, mail it to:

California Department of Justice
Bureau of Criminal Information and Analysis
Record Review Unit
PO Box 903417
Sacramento, CA 94203-4170

Forms not completely filled out cannot be processed by the DOJ and therefore an attempt will be made to return the form to the sender. If you have any questions regarding this form or the record review process, please contact the Record Review Unit via email at recordreview@doj.ca.gov.

DECLARATION

I, the undersigned, declare that I am unable to pay the fee to obtain a copy of my California state summary criminal history record without impairing my obligation to meet the common necessities of life. I declare, under the penalty of perjury, that the forgoing is true and correct.

X

Signature



APPLICATION FOR RECORD REVIEW PROCESSING FEE WAIVER CLAIM AND PROOF OF INDIGENCE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the California Department of Justice collects the information requested on this form as authorized by Penal Code section 11123. The CJIS Division uses this information to process an applicant's request for waiver of fees required when an applicant desires a copy of their own state summary criminal history information. The Department of Justice's general privacy policy is available at: <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided.

Access to Your Information. You may review the records maintained by the CJIS Division in the Department of Justice that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process an applicant's request for waiver of fees, we may need to share the information you give us with other government agencies.

The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes;
- To another government agency as required by state or federal law;

Contact Information. For questions about this notice or access to your records, you may contact the Record Review Unit manager by phone at (916) 227-3835, by email at recordreview@doj.ca.gov, or via mail at:

California Department of Justice
Bureau of Criminal Information and Analysis
Record Review Unit
PO Box 903417
Sacramento, CA 94203-4170