

PCN: 18585313 F

DCN: 332059343

Cost Center

# ILLINOIS STATE POLICE

Division of Administration  
Bureau of Identification  
260 N. Chicago Street  
Joliet, Illinois 60432-4075

## CONVICTION INFORMATION REQUEST-NON FINGERPRINT FORM

Agency Number: \_\_\_\_\_

**Instructions:** This form must be filled out completely and correct fees attached. Make all checks payable to the Illinois State Police. Failure to comply with these instructions will result in the return of this request unprocessed. Errors caused by illegible writing will be returned and require an additional fee upon resubmission.

This request is for employment or licensing purposes. Yes  No

### Subject Information

Subject Name: \_\_\_\_\_

Last Name	First Name	Middle Initial
_____	_____	_____

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Sex: \_\_\_\_\_

Valid Codes for Sex  
 Male .....M  
 Female .....F  
 Unknown .....U

Race: \_\_\_\_\_

Valid Codes for Race  
 White .....W  
 Black .....B  
 Asian/Pacific Islands .....A  
 American Indian/Alaskan .J  
 Unknown .....U

Subject Signature \_\_\_\_\_

*This section*

### Requester Information

Requester Name: \_\_\_\_\_

Last Name	First Name	Middle Initial
_____	_____	_____

Agency: \_\_\_\_\_ THE LAKE COUNTY HAVEN  
 PO BOX 127

Street Address: \_\_\_\_\_ LIBERTYVILLE, IL 60048  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Requester Signature \_\_\_\_\_

(Please Type or Print All Information)  
Only Original Form Will Be Accepted By ISP