

YORK COUNTY DEPARTMENT OF EMERGENCY SERVICES

****CRIMINAL HISTORY REQUEST FORM****

FIELDS MARKED WITH ASTERISKS (**) ARE MANDATORY AND WILL NOT BE PROCESSED IF NOT COMPLETE

**Name: _____

**DOB: _____ Race: _____ Sex: _____ SSN#: _____

OLN: _____ State: _____

INFORMATION REQUESTED

MISSILE (York Co warrant)	YES	___	NO	___
CLEAN (PA only)	YES	___	NO	___
NCIC (Nationwide)	YES	___	NO	___
PSP MASTER NAME (PA Crim History)	YES	___	NO	___
NCIC III (Nationwide Crim History)	YES	___	NO	___
OLN INFO (Driver's License)	YES	___	NO	___
JNET PHOTO (PA Driver's Photo)	YES	___	NO	___
CPIN PHOTO (PA Arrest Photo)	YES	___	NO	___
PFA	YES	___	NO	___

**Reason for Request: C – Criminal Justice Purposes J – Criminal Justice Employment Purposes
D – Domestic Violence Purposes F – Firearm Purposes

**Case #, Docket #, Citation #, Type of charge(s),etc _____

_____ **URGENT REASON FOR URGENCY** _____

REQUESTING AGENCY INFORMATION

**Department: _____

**Individual Requesting: _____

**ORI #: PA _____ **Date: _____

*******DO NOT WRITE BELOW THIS LINE*******

The following are the results of your Criminal History Request. Any of the fields checked "YES" will be accompanied by a print out of the results. Any fields checked "NO" indicate that no record was found.

MISSILE	YES	___	NO	___	NCIC III	YES	___	NO	___
CLEAN	YES	___	NO	___	PA CRIM HISTORY	YES	___	NO	___
NCIC	YES	___	NO	___	PFA	YES	___	NO	___
OLN	YES	___	NO	___	PHOTO	YES	___	NO	___
					(JNET ___ CPIN___)				

**DISPATCHER INITIALS _____

*******PRINT LEGIBLY OR TYPE ALL INFORMATION*******

When completed, fax this form to 717-840-7553. Info will either be faxed back to the requestor, mailed the next business day or may be picked up by the requestor. Please indicate your preference.

MAIL _____ FAX _____ PICKUP _____

(Revised April 2007)