



**CRIMINAL HISTORY REQUEST FORM**

Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Your Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ request a criminal history report on the individual listed below.

You must initial your understanding for each statement below

\_\_\_\_\_ The report will take a minimum of 48 hours to be compiled and will be mailed to me.

\_\_\_\_\_ The report is based on the information I supplied to the Sheriff's Office. If I provide incorrect information, the Sheriff's Office is not responsible.

\_\_\_\_\_ The information contained in this report is for Washoe County ONLY.

\_\_\_\_\_ You must contact other police agencies for conviction information outside Washoe County (i.e. Southern Nevada, California).

\_\_\_\_\_ The arrest information will contain adult arrest information dating back **ten** years from the date of this request.

\_\_\_\_\_ The information does not include citation or juvenile information.

\_\_\_\_\_  
Signature



Person of Inquiry:

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_\_

RECEIPT # \_\_\_\_\_ (For use by WCSO employee only)