Lexington Fayette Urban County Division of Community Corrections
Criminal History Request

By completing this form, you are requesting that a search of criminal records be performed to determine whether you should be granted access to the Fayette County Community Corrections Facility.

Full Name (Last, First, Middle);_____

List any other names used by you: _____ Date of Birth: _____

Race:_____ Gender: _____ Social Security # : _____

Address: _____ City:_____ State:_____ Zip Code: _____

Email _____ Ph # Work _____ Cell _____ Home_____

Organization or Affiliation, Name of Law Office:_____

Is this request for access for a limited time frame? If so indicate how long the access is required._____

_____

Have you lived anywhere other than Fayette County Ky. _____

If yes, please list where and when:_____

Signature:_____ Date: _____

PLEASE DO NOT COMPLETE BEYOND THIS POINT
TO BE COMPLETED BY THE REQUESTING AREA SUPERVISOR

( ) **Legal, Attorney, (Note: copy of current BAR card is required)** ( ) **Teacher**

( ) **Substance Abuse Counselor** ( ) **Religious Programs** ( ) **Education/Life Skills**

( ) **Kitchen Staff** ( ) **Med. Staff** ( ) **Comp. Care Staff**

(X) **New Employee** ( ) **Other (specify)**_____

Requested by: _____
Major Jeff Carter

NOTE: Facility issued Key fobs are randomly deactivated for security reasons. If you are issued one and discover that it is not functioning please contact Jail Computer Services for re-activation.

TO BE COMPLETED BY CLASSIFICATION STAFF

Prior Arrests: Outstanding Warrants:

_____ _____

_____ _____

Prior Arrests or Outstanding Warrants: (Circle One) YES NO

NCIC Checked By:_____ Date: _____

Reviewed by: _____ **Date:** _____

Approved / Denied (circle one, give reason for denial)_____

Current CDK, 12/7/09