



ARKANSAS STATE POLICE

ASP 122PRA
(Eff. 01/01/2025)

**Identification Bureau
Individual Record Check Request Form
PRIVATE ADOPTION - AR920060Z A.C.A. §9-9-212**

Procedure for obtaining a Criminal History Check for:

**PRIVATE ADOPTION
AR920060Z ACA §9-9-212**

INSTRUCTIONS

1. If **only an Arkansas background check** is requested, include a properly completed **ASP 122PRA** request form and a check or money order (**DO NOT SEND CASH**) in the amount of **\$25.00** made payable to the Arkansas State Police. The results of the **Arkansas Criminal History Check** will be sent to the court in which the adoption petition will be filed.
2. If **both an Arkansas and an FBI check** are requested, include a properly completed **ASP 122PRA** request form, a check or money order (**DO NOT SEND CASH**) in the amount of **\$37.00**, made payable to the Arkansas State Police. The fingerprints will be submitted via live scan only after the applicant receives a transaction number from the Arkansas State Police. The fingerprints that are submitted via live scan will be used to check the FBI criminal history records.
3. The subject of the criminal records search may challenge the completeness or accuracy of the criminal history information by using the procedures as outlined in Title 28, Code of Federal Regulation (CFR) Section 16.34 and/or Arkansas Code Ann. §12-12-1013.
4. When the properly completed **ASP 122PRA** is submitted, other than in person at ASP ID Bureau in Little Rock by the subject of the record check, this **ASP 122PRA** request form must be notarized.
5. Send properly completed request form and correct payment to:

**Arkansas State Police
Identification Bureau
1 State Police Plaza Drive
Little Rock, AR 72209**

To contact the Arkansas State Police ID Bureau, you may call **501-618-8500**.

SEE OTHER SIDE FOR REQUEST FORM



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Last Name First Name Middle Name Jr./Sr./III

Daytime Phone #: _____

List **ALL** other names ever used (married, maiden, shortened, etc.)

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____ State _____

Mailing Address: _____
Street/P.O. Box _____
City _____ State _____ Zip Code _____

APPLICANT RECORD NOTIFICATION

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.

Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR) Section 16.30 - 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

Privacy Act Statement - This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

Name of presiding Judge: _____ Judge's Phone #: _____

Mailing address of presiding Judge: _____
Street/P.O. Box _____ City _____ State _____ Zip Code _____

THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED.

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this is the _____ day of _____, 20_____.

Notary Public

BELOW FOR OFFICE USE ONLY

82005 Civil State Record Check (\$25.00) 80019 FBI Records Check (\$10.00) 80006 FBI Records Check (ASP) (\$2.00)