



Background checks

Swing Education & Chicago Public Schools

Below are the forms and directions for completing your background checks with Swing Education and Chicago Public Schools. Please look at the yellow highlights and fill out accordingly.

Step 1

Print completed forms and take them to Accurate Biometrics. You can either fill out the yellow sections prior to printing by downloading as a PDF, or by printing first and then filling out all highlighted sections.

Step 2

Once both background checks are complete, upload the receipts to your Swing account. See examples of what these receipts look like below.

CPS/Noble Network receipt

Accurate Biometrics America's Premier Fingerprinting Service
Live Scan Fingerprinting & Identity Services
Tel: 1-866-361-9944
AccurateBiometrics.com

Applicant Name: [Redacted]
Agency/Authorized Recipient Name: **Noble Network of Charter Schools**
Payment Amount/Type: **To Be Billed**
Fingerprint Type: **Fee Applicant**
Transaction Control Number (TCN): [Redacted]
Date Fingerprinted: **08/17/2023**
Technician/Location Printed: [Redacted]
IL Licensed Fingerprint Vendor Number: [Redacted]

THANK YOU for giving us the opportunity to provide our fingerprinting services to you. Please Retain this Receipt for Your Records. There is a \$10.00 Replacement Fee. Fingerprint are processed immediately. Once processed, no refunds or cancellations can occur. You are required to agree to the following before we take your fingerprints.

Applicant Consent
I am allowing Accurate Biometrics, Inc. (and any of its agents), to capture and transmit my fingerprints for the purpose of checking my criminal history record information (CHRI). I authorize the release to the Agency (your Authorized Recipient) referenced in this receipt of any CHRI that may exist regarding me from any agency, organization, institution or entity having such information on file. I am aware and understand my fingerprints may be transmitted to, received by, and used to check the CHRI files of the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to include but not limited to civil, criminal and latent fingerprint databases. I understand if my photo was taken, my photo may be shared only for employment or licensing purposes and may be retained by the ISP or the FBI. I understand I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.54 and Chapter 28 ILCS 26.0/7 of the Criminal Identification Act.

I acknowledge reading the Retention and Destruction Policy for Fingerprint and Other Information (Policy) document which was made available to me. I understand that unless obligated by governmental contract or the FBI to maintain biometrics for a specified period of time, all biometrics will be retained by Accurate Biometrics, Inc. for 90 days from the date of receipt, fingerprint capture or card scan date, or the date last modified as set forth in the Policy. The Policy is also available upon request emailed to privacy@accuratebiometrics.com or by letter sent to: Attn: President, Accurate Biometrics, Inc., 300 Park Boulevard, Suite 1200, Itasca, Illinois 60143.

Applicant signature: [Redacted]

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Swing Education receipt

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Live Scan Fingerprinting & Identity Services
Tel: 1-866-361-9944
AccurateBiometrics.com

Applicant Name: [Redacted]
Agency/Authorized Recipient Name: **Swing Education-NCP**
Payment Amount/Type: **\$63.50 / Credit Card**
Fingerprint Type: **Fee Applicant**
Transaction Control Number (TCN): [Redacted]
Date Fingerprinted: **08/17/2023**
Technician/Location Printed: [Redacted]
IL Licensed Fingerprint Vendor Number: [Redacted]

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Applicant signature: [Redacted]

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The estimated costs for both background checks is \$63.50. Exact payment amount is subject to change at the will of Accurate Biometrics.



CFS 689
Rev 7/2012

State of Illinois
Department of Children and Family Services



AUTHORIZATION FOR BACKGROUND CHECK
Child Abuse and Neglect Tracking System (CANTS)
For Programs NOT Licensed by DCFS

NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility.
Please contact your licensing representative.

Name: _____
Last First Middle

Date of Birth: -- -- **Gender:** ☐ Male ☐ Female **Race:** _____

Current Address _____
Street/Apt #

City State Zip Code

If you currently reside in Illinois, please list all previous addresses for the past five years. OR If you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois.

(Street/Apt#/City/County/State/Zip Code)	Dates From/To
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List maiden name and/or all other names by which you have been known: (last, first, middle)

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed _____ Date _____	
--	--

Please type, use bold letters or label:

773-553-3020

(Submitting Agency Fax Number)

dcfscpschecks@cps.edu

(Submitting Email Address)

Chicago Public Schools

(AgencyName)

Kimyatta Dabney

(Contact Person)

Office of School Safety & Security, 42 W Madison St

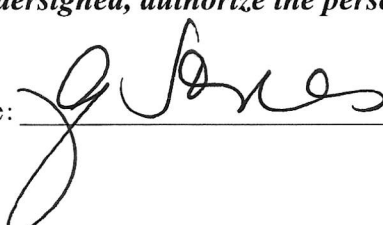
(Address)

Chicago, Illinois 60602

(City/State/Zip)

Release and Consent to Conduct and Disclose Background Investigation and Personnel Information

This form gives the Board of Education of the City of Chicago ("Board") authorization to conduct a Background Investigation which may include, but is not limited to, a Fingerprint-based Criminal History Records Check and an Illinois Department of Children and Family Services State Automated Child Welfare Information System check (collectively, "Background Investigation"). This form also gives the Board authorization to release all information or documentation regarding any disciplinary or dismissal actions taken against you during your employment by the Board and your current eligibility for rehire by the Board and, if ineligible for rehire, the reasons therefore (collectively, "Personnel Information"). You must have a valid, unexpired government-issued or school-issued photo ID at the time of fingerprinting.

Authorizing Manager or Supervisor Information	
First and Last Name	<u>Quiana Jones</u>
Title or Position	<u>Director of Human Resources</u>
Charter School Name	<u>Noble Schools</u> (the "Charter School")
Address	<u>1 N. State Street</u>
Contact Number	<u>(312) 835-9852</u> Email <u>q.jones@nobleschools.org</u>
School ORI #	_____
CPS (Charter) ORI #	<u>ILL15105S</u>
<i>I, the undersigned, authorize the person listed below to complete fingerprinting to work with my Charter School.</i>	
Signature: <u></u>	Date: <u>7/10/2023</u>

Employee/Vendor/Volunteer (Applicant) Information

Position Title	<u>Swing Education Substitute Teacher</u>			Circle one: Employee	Volunteer	Vendor
Last Name:	_____	First Name:	_____	Middle Initial:	_____	
Address:	_____			City	State	Zip
	Number	Street				
Email:	_____			Day Phone: ()	_____	
Date of Birth:	_____	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	_____	
	MM/DD/YY					
Height:	_____	Weight:	_____ lbs.	Eye Color:	_____	
	Ft. In.					
Social Security Number:	_____ - _____ - _____	Birth Place:	_____	City	State	_____

Race Key:
 C = Caucasian H = Hispanic B = Black/
 African American A = Asian/Pacific
 Islander I = Native
 American/Alaskan U =
 Unknown



If you currently reside in Illinois, please list all previous addresses for the past five years OR if you currently reside out-of-state, please provide ALL Illinois addresses in which you did reside while living in Illinois. Check box if no other addresses. ☐
(Street/Apt#/City/County/State/Zip Code) Dates From/To

(1) _____

(2) _____

(3) _____

(4) _____

List maiden name and/or all other names by which you have been known (Last, First, Middle). Check ☐ if not applicable.

(1) _____ (2) _____

(3) _____ (4) _____

REQUIRED CRIMINAL AND CHILD ABUSE RECORDS DISCLOSURE: The existence of a criminal or child abuse record does not automatically disqualify you for employment consideration or continued employment, unless it is a conviction or adjudication for an enumerated offense. (Please see the back of this form for a listing of enumerated offenses.) If you have a criminal or child abuse record that does not involve an enumerated offense, it is important that the Charter School and the Board know your complete criminal and child abuse history to properly evaluate your application or fitness for continued employment. You must disclose it in full. Failure to disclose each conviction and child abuse adjudication may result in disqualification of your application or termination of employment.

Convictions include *all* felony or misdemeanor convictions, whether by pleas of guilty, *nolo contendere*, or no contest or after bench or jury trial. Convictions that result in sentences of probation, conditional discharge, or imprisonment must be reported. Convictions of driving while intoxicated or under the influence (“DUI”), and driving on a revoked or suspended license must be reported. But convictions that resulted in sentences of supervision in Illinois or traffic offences other than DUI or driving on a revoked or suspended license should not be reported (i.e., speeding tickets, running a red light or stop sign, driving without insurance, etc.). Finally, you are not obligated to disclose sealed or expunged records of conviction or arrest.

Have you ever been convicted of any type of crime? ☐ Yes ☐ No

Have you ever been adjudicated the perpetrator of sexual or physical abuse in a juvenile court proceeding or had an Illinois Department of Children and Family Services’ “indicated” finding? ☐ Yes ☐ No

If yes, describe each conviction and adjudication below (attach separate sheets if necessary):

Date	State	Conviction/Adjudication of Child Physical or Sexual Abuse/DCFS Indicated Finding



REQUIRED SEXUAL MISCONDUCT DISCLOSURE: For purposes of the three questions below, the term “sexual misconduct,” as defined in 105 ILCS 5/22-85.5 (sexual misconduct), means any act, including, but not limited to, any verbal, nonverbal, written, or electronic communication or physical activity that (1) you committed as an employee or agent of a school district, charter school, or nonpublic school during which time you engaged in or had the possibility of engaging in the care, supervision, guidance, or control of or routine interaction with students; and (2) was directed toward or with a student to establish a romantic or sexual relationship with the student. Such an act includes, but is not limited to: 1) A sexual or romantic invitation; 2) Dating or soliciting a date; 3) Engaging in sexualized or romantic dialog; 4) Making sexually suggestive comments that were directed toward or with a student; 5) Self-disclosure or physical exposure of a sexual, romantic, or erotic nature; and 6) A sexual, indecent, romantic, or erotic contact with the student.

1. Have you ever been the subject of an allegation of sexual misconduct?

Note: Check “No” if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.

☐ Yes ☐ No

2. Have you ever been discharged from, been asked to resign from, resigned from, or otherwise been separated from any employment; been disciplined by an employer; or had an employment contract not renewed due to an adjudication or finding of sexual misconduct, or while an allegation of sexual misconduct against you was pending or under investigation?

Note: Check “No” if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.

☐ Yes ☐ No

3. Have you ever had a license or certificate suspended, surrendered, or revoked; or had an application for licensure, approval, or endorsement denied due to an adjudication or finding of sexual misconduct or while an allegation of sexual misconduct against you was pending or under investigation? Note: Check “No” if an investigation resulted in a finding that the allegation was false, unfounded, or unsubstantiated.

☐ Yes ☐ No

AUTHORIZATION TO DISCLOSE RESULTS OF BACKGROUND INVESTIGATION AND PERSONNEL INFORMATION TO THE CHARTER SCHOOL

I, the undersigned, hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and or Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

I, the undersigned, provide this authorization to the Board, in connection with my application to work or my continuing to work with the Charter School. I also authorize the Board to release and disclose the results of the Background Investigation and Personnel Information to the Charter School. I understand that the purpose of this authorization is to enable the Charter School to make a complete assessment of my fitness to work with the Charter School.

I, the undersigned,

- 1) acknowledge and verify that all information provided above is true and accurate and that I am the person named above;
- 2) supply this information to authorize and enable the Board to perform a background investigation, which may include, but is not limited to, a Fingerprint-based Criminal History Records Check;
- 3) understand and agree that the information obtained through the Background Investigation and Personnel Information check will be used to determine whether employment by the Charter School will be offered or continued or whether volunteer or compensated service will be approved;
- 4) acknowledge that the Charter School exclusively makes the decision on whether to offer or continue my employment or volunteer services

III15105S Charter School



- 5) authorize the Illinois Department of Children and Family Services to conduct a search of the State Automated Child Welfare Information System ("SACWIS") to determine whether I have been "indicated" as a perpetrator of child abuse and/or neglect or am the subject of a pending investigation; and,
- 6) waive provisions of the Illinois Personnel Records Review Act regarding notices to me and deletion of records more than 4 years old, and authorize the Board to release any and all Personnel Information.
- 7) Understand and consent to the reprocessing of my fingerprints or other criminal history verification at regular periodic intervals throughout the duration of my time working with charter/contract/alternative schools and to review any criminal or child-abuse-and-neglect history pursuant to the Illinois School Code.

RELEASE OF CLAIMS AGAINST THE CHARTER SCHOOL AND THE BOARD

I hereby release, hold free and harmless, and discharge the CHARTER SCHOOL and the BOARD, their members, officers, employees, agents, and contractors from any and all claims, causes of action, liabilities, losses, costs and expenses that may arise (solely or in part) as a result of the Board's release and disclosure of the results of my Background Investigation and/or Personnel Information to the Charter School.

Signature: _____

Date: _____

INTERNAL CPS USE ONLY

Fingerprinting Information

Date Printed: _____

Verified By: _____

TCN # _____

Dates Results Returned: _____

Fingerprints Clear: ☐ Yes ☐ No
NSOD Clear: ☐ Yes ☐ No
IL MVOAY Clear: ☐ Yes ☐ No
IL SOR Clear: ☐ Yes ☐ No

Personnel Information

Do Not Hire ("DNH") Records

Eligible for rehire ☐ Yes ☐ No

Verified By: _____

DCFS

SACWIS Clear ☐ Yes ☐ No

DCFS USE ONLY

Submitting Agency Information

Agency Telephone Number: 773-553-6503

Agency Email Address: Backgroundcheck@cps.edu

Agency Name: Chicago Public Schools

Address: 42 W. Madison, Garden Chicago, Illinois 60602

Privacy Act Statement

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 nongovernmental 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.

Applicant Consent

By signing below, I acknowledge and hereby authorize the release of any criminal history record information that may exist regarding me from any agency, organization, institution, or entity having such information on file. I am aware and understand that my fingerprints may be retained and will be used to check the criminal history record information files of the Illinois State Police and/or the Federal Bureau of Investigation, to include but not limited to civil, criminal and latent fingerprint databases. I also understand that if my photo was taken, my photo may be shared only for employment or licensing purposes. I further understand that I have the right to challenge any information disseminated from these criminal justice agencies regarding me that may be inaccurate or incomplete pursuant to Title 28 Code of Federal Regulation 16.34 and Chapter 20 ILCS 2630/7 of the Criminal Identification Act.

Applicant Name (printed):

Applicant Name (signature):

Date:

THIS SIGNED FORM MUST BE RETAINED BY THE AGENCY FOR AT LEAST TWO YEARS.

**Enumerated Offenses in Illinois School Code, 105 ILCS 5/34-18.5,
referencing 105 ILCS 5/21B-80**

1. **Any offense defined in the Cannabis Control Act, except those defined in Sections 4(a), 4(b), 4(c), 5(a) and 5(b) and any offense for which an individual receives Section 10 probation, provided that the terms and conditions of Section 10 probation are successfully fulfilled** (720 ILCS 550/1 *et seq.*, except those defined in 720 ILCS 550/4(a), 4(b) and 4(c), and 720 ILCS 550/5(a) and 5(b), and successful completion of probation under 720 ILCS 550/10).
 - a. **720 ILCS 550/4: It is unlawful for any person knowingly to possess cannabis.**
 - i. 4(a): not more than 10 grams of any substance containing cannabis is guilty of a civil law violation
 - ii. 4(b): more than 10 grams but not more than 30 grams of any substance containing cannabis is guilty of a Class B misdemeanor
 - iii. 4(c): more than 30 grams but not more than 100 grams of any substance containing cannabis is guilty of a Class A misdemeanor; provided, that if any offense under this subsection (c) is a subsequent offense, the offender shall be guilty of a Class 4 felony
 - b. **720 ILCS 550/5: It is unlawful for any person knowingly to manufacture, deliver, or possess with intent to deliver, or manufacture, cannabis.**
 - i. 5(a): not more than 2.5 grams of any substance containing cannabis is guilty of a Class B misdemeanor
 - ii. 5(b): more than 2.5 grams but not more than 10 grams of any substance containing cannabis is guilty of a Class A misdemeanor
 - c. **Note:** Pursuant to Section 5/21B-80, enumerated convictions under the Cannabis Control Act are a bar to employment for seven (7) years following the end of the sentence for the criminal offense.
2. **Any offense defined in the Illinois Controlled Substances Act, except any offense for which an individual receives Section 410 probation, provided that the terms and conditions of Section 410 probation are successfully fulfilled** (720 ILCS 570/100 *et seq.*, except successful completion of probation under 720 ILCS 570/410);
 - a. **Note:** Pursuant to Section 5/21B-80, enumerated convictions under the Illinois Controlled Substances Act are a bar to employment for seven (7) years following the end of the sentence for the criminal offense.
3. **Any offense defined in the Methamphetamine Control and Community Protection Act, except any offense for which an individual receives Section 70 probation, provided that the terms and conditions of Section 70 probation are successfully fulfilled** (720 ILCS 646/1 *et seq.*, except successful completion of probation under 720 ILCS 646/70);
 - a. **Note:** Pursuant to Section 5/21B-80, enumerated convictions under the Methamphetamine Control and Community Protection Act are a bar to employment for seven (7) years following the end of the sentence for the criminal offense.
4. **Any attempt to commit any of the offenses listed in items (1) through (3) above;**

5. **Any offense defined in Section 9** (720 ILCS 5/9.1 = first degree murder; 720 ILCS 5/9-1.2 = intentional homicide of an unborn child; 720 ILCS 5/9-2 = second degree murder; 720 ILCS 5/9-2.1 voluntary manslaughter of an unborn child; 720 ILCS 5/9-3 = involuntary manslaughter and reckless homicide; 720 ILCS 5/9-3.1 (renumbered as 720 ILCS 5/9-3.4) = concealment of homicidal death; 720 ILCS 5/9-3.1.5 (renumbered as 720 ILCS 5/9-3.5) = concealment of death; 720 ILCS 5/9-3.2 = involuntary manslaughter and reckless homicide of an unborn child; 720 ILCS 5/9-3.3 = drug-induced homicide);
6. **Any offense defined in Section 10-5.1** (720 ILCS 5/10-5.1 = luring of a minor);
7. **Any offense defined in Section 10-9(c)** (720 ILCS 10-9(c) = trafficking of persons, involuntary servitude, and related offenses);
8. **Any offense defined in Section 11-1.20 (formerly 5/12-13)** (720 ILCS 5/11-1.20 = criminal sexual assault);
9. **Any offense defined in Section 11-1.30 (formerly 5/12-14)** (720 ILCS 5/11-1.30 = aggravated criminal sexual assault);
10. **Any offense defined in Section 11-1.40 (formerly 5/12-14.1)** (720 ILCS 5/11-1.40 = predatory criminal sexual assault);
11. **Any offense defined in Section 11-1.50 (formerly 5/12-15)** (720 ILCS 5/11-1.50 = criminal sexual abuse);
12. **Any offense defined in Section 11-1.60 (formerly 5/12-16)** (720 ILCS 5/11-1.60 = aggravated criminal sexual abuse);
13. **Any offense defined in Section 11-6** (720 ILCS 5/11-6 = indecent solicitation of a child);
14. **Any offense defined in Section 11-6.6, inclusive** (720 ILCS 5/11-6.6: solicitation to meet a child);
15. **Any offense defined in Sections 11-9 (11-9 renumbered as Section 11-30) through 11-9.5, inclusive** (720 ILCS 5/11-9.1: sexual exploitation of a child; 11-9.1A: permitting sexual abuse of a child; 11-9.1B: failure to report sexual abuse of a child; 11-9.2 custodial sexual misconduct; 11-9.3 presence within school zone by child sex offenders prohibited; approaching, contacting, residing with, or communicating with a child within certain places by child sex offenders; 11-9.4-1 sexual predator and child sex offender; presence or loitering in or near public parks) through 11-9.5 (sexual misconduct with a person with a disability);
16. **Any offense defined in Section 11-11** (720 ILCS 5/11-11 = sexual relations within families);
17. **Any offense defined in Sections 11-14.1 through 11-21, inclusive** (720 ILCS 5/11-14.1 = solicitation of sexual act; 11-14.3 = promoting prostitution; 11-14.4 = promoting juvenile prostitution; 11-15 = soliciting for a prostitute (repealed eff. 7/1/11); 11-16 = pandering (repealed eff. 7/1/11); 11-17 = keeping a place of prostitution (repealed eff. 7/1/11); 11-18 = patronizing a prostitute; 11-18.1 = patronizing a minor engaged in prostitution; 11-19 = pimping (repealed 7/1/11); 11-20 = obscenity; 11-20.1 = child pornography; 11-20.2 = duty of film and print processors to report sexual depiction of children; 11-21 = harmful material (prurient interests);

18. Any offense defined in Section 11-23 (if punished as a Class 3 felony) (720 ILCS 5/11-23 = posting of identifying or graphic information on a pornographic Internet site or possessing graphic information with pornographic material);
19. Any offense defined in Section 11-24 (720 ILCS 5/11-24 = child photography by a sex offender);
20. Any offense defined in Section 11-25 (720 ILCS 5/11-25 = grooming);
21. Any offense defined in Section 11-26 (720 ILCS 5/11-26 = traveling to meet a minor);
22. Any offense define in Section 11-30 (if punished as a Class 4 felony) (720 ILCS 5/11-30: public indecency, third or fourth violation)
23. Any offense defined in Section 12-3.05 (720 ILCS 5/12-3.05 = aggravated battery);
24. Any offense defined in Section 12-3.3 (720 ILCS 5/12-3.3 = aggravated domestic battery);
25. Any offense defined in Section 12C-45 (Section 12-4.9 renumbered as Section 12C-45 = drug induced infliction of harm to a child athlete);
26. Any offense defined in 12-6.4 (720 ILCS 5/12-6.4 = criminal street gang recruitment on school grounds or public property adjacent to school grounds and criminal street gang recruitment of minor);
27. Any offense defined in 12-7.1 (720 ILCS 5/12-7.1 = hate crime);
28. Any offense defined in Section 12-32 (720 ILCS 5/12-32 = ritual mutilation);
29. Any offense defined in Section 12-33 (720 ILCS 5/12-33 = ritualized abuse of a child);
30. Any offense defined in 12-34 (720 ILCS 5/12-34 = female genital mutilation);
31. Any offense defined in 12-34.5 (720 ILCS 5/12-34.5 = inducement to committ suicide);
32. Any offense defined in 12-35 (720 ILCS 5/12-35 = sexual conduct or sexual contact with an animal);
33. Any offense define in Section 26-4 if punished pursuant to (d)(4) or (d)(5) of the Section (720 ILCS 5/26-4 = unauthorized video recording and live video transmission)
34. Perpetrator of sexual or physical abuse of any minor under 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987 (705 ILCS 405/2-1, *et seq.*;
35. Class X felony;
36. Any attempt to commit, conspiring to commit, or soliciting to commit any of the offenses listed in items (5) through (35) above; and
37. Any offense committed or attempted in any other state or against the laws of the United States which, if committed or attempted in this State, would have been punishable as one or more of the foregoing offenses.

Please Provide The Following Information (Please Print Clearly).

Last Name: _____ First Name: _____ MI _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: ____ / ____ / ____ Sex: _____ Race: _____

Height: _____ Weight: _____

Hair Color: _____ Eye Color: _____

Social Security Number: _____

Place of Birth: (State or Country if outside USA): _____

ORI- _____

(DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY)

TCN# _____ Date Printed _____