

VECHS Waiver Agreement and Statement Volunteer & Employee Criminal History System (VECHS) National Child Protection Act of 1993 as Amended

Pursuant to the National Child Protection Act of 1993, as amended this form must be completed and signed by every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by the qualified entity under these laws.

I hereby authorize (insert name of requesting agency) to submit a set of my fingerprints and the form to the Illinois State Police and national criminal history records that may pertain to me. I understand that I would be able to receive any national criminal history record that may pertain to me from the FBI, pursuant to 28 CFR Sections 16.30-16.34. By signing this waiver agreement, it is my intent to authorize the dissemination of any national criminal history record that may pertain to me to the qualified entity with which I am or am seeking to be employed or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended.

I understand that, until the criminal history background check is completed, you may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities. I further understand that, upon request, you will provide me a copy of the criminal history background report, if any, you receive on me and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before you make a final decision about status as an employee, volunteer, contractor or subcontractor.

Requesting Agency Information (Eligible Entity)

Requesting Agency Name: Circuit Court of Cook County - Probate Division	Requesting Agency ORI Identifier: CV2104739
Requesting Agency Address: 50 W. Washington St., Chicago, IL 60618	
Fiscal Cost Center: (for entity responsible for paying ISP)	Purpose Code: NCP

Applicant Information

Probate Case Number:	Probate Case Name:	
Name:	Date of Birth:	
Street Address:	City, State	Zip Code
Check only one:		
<input type="checkbox"/>	I have not been convicted of a crime	
<input type="checkbox"/>	I have been convicted of a crime. If convicted, describe the crime(s) and the particulars of the conviction(s) in the space below.	

Applicant Signature

Applicant Name (printed):
Applicant Name (signature): Date:

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