

ADMINISTRATIVE OFFICE OF THE COURTS
RECORDS UNIT
1001 VANDALAY DRIVE
FRANKFORT, KENTUCKY 40601
502-573-1682 or 800-928-6381
records@kycourts.net



The process to obtain the information contained in CourtNet is as follows:

Individuals

Requesting a record on yourself requires a \$25.00 fee (**check or money order**). If you do not receive a response in 30 days contact us at the number listed above.

Nonprofit/Commercial/Others

Requesting a record on individuals requires a \$25.00 fee (**check or money order**).

Fees are paid to the order of the KENTUCKY STATE TREASURER by check or money order ONLY. FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED. If you suspect information contained on the record is incorrect, or have any questions, please contact the Records Unit at (502) 573-1682 or (800) 928-6381.

PLEASE **PRINT OR TYPE** THE INDIVIDUAL'S INFORMATION **CLEARLY**.

SOCIAL SECURITY NUMBER: _____ DLN: _____

NAME: _____

MAIDEN NAME(S) AND/OR ALIAS: _____

DATE OF BIRTH: _____

STREET ADDRESS/P.O. BOX: _____

CITY, STATE, ZIP CODE: _____

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS 523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees - if applicable.

*** ALL INFORMATION BELOW IS REQUIRED.**

Individual's Signature _____

Kentucky CASA Network
Company

Kathy Hertel-Baker
Requestor/Contact Person

1640 Lyndon Farms Ct Suite 108
Address

Louisville, KY, 40223
City, State, Zip

Date

backgroundchecks@kentuckycasanetwork.org
E-mail address

Telephone Number

Please denote which purpose applies to this request:

☐ Employment

☐ Criminal Investigation

☐ Screening Housing Applicants

☐ Volunteer/Care over Juvenile

☐ Licensing

☒ Other (please explain) CASA



General Authorization Form

This form authorizes Kentucky CASA Network, Inc. to obtain background information and must be completed by the applicant. CASA of Madison and Clark Counties will keep the completed form on file for use in processing a periodic background check for any applicant actively volunteering with or employed by CASA of Madison and Clark Counties at its discretion. I will notify CASA of Madison and Clark Counties of any changes to my personal information as they occur throughout my employment and/or volunteer work with the organization and I understand that I may be required to submit a new authorization form when that occurs.

Applicant Information

Full name: _____ Date: _____

Maiden Name/Aliases: _____

Address: _____ Phone: _____

Street address

Apt/Unit #

Email: _____

City

County/State

Zip Code

SSN: _____ DOB: _____

Driver's License Number: _____

Previous Addresses

List all home addresses for the past seven (7) years if different from your current address, beginning with the most recent. Background checks must cover all states and countries in which one has resided for the previous seven years. Use a separate piece of paper if necessary.

Address: _____
Street address Apt/Unit #

City

County/State

Zip Code

Address: _____
Street address Apt/Unit #

City

County/State

Zip Code

Address:

Street address		Apt./Unit #
City	County/State	Zip Code

Address:

Street address		Apt./Unit #
City	County/State	Zip Code

Address:

Street address		Apt./Unit #
City	County/State	Zip Code

Previous Work and School Locations

List any states outside of Kentucky where you have worked or attended school in the last five (5) years, including dates, beginning with the most recent. Background checks must cover all in which one has worked or attended school during the previous five years. Use a separate piece of paper if necessary.

Address:

Street address		Apt./Unit #
City	County/State	Zip Code

Address:

Street address		Apt./Unit #
City	County/State	Zip Code

Address:

Street address		Apt./Unit #
City	County/State	Zip Code

I, _____, hereby authorize CASA of Madison and Clark Counties to investigate my background by processing the following records checks: national criminal records, state and local criminal records, the national and Kentucky State Police sex offender registries, the child abuse registry/child protective services, an out-of-country records check where available (if applicable), a social security number verification check, and a check of the Adult

Caregiver Misconduct Registry maintained by the Cabinet for Health and Family Services via self-query in accordance with KRS 209.032. I understand that searches may include self-queries of public databases on my behalf, where allowed by law. I understand that CASA of Madison and Clark Counties or KCN through CASA of Madison and Clark Counties will utilize an outside firm or firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside agencies of the organization's choice.

I understand that this information may be material to my qualifications as a volunteer or for employment now, and if applicable, during the tenure of my volunteer service or employment with CASA of Madison and Clark Counties. I further understand that this form will be valid at any time after receipt of this authorization to permit CASA of Madison and Clark Counties or KCN through CASA of Madison and Clark Counties to conduct regular background checks throughout my volunteer service or employment. I understand that I may withhold my permission to submit to a background screening and that in such a case, no screening will be done, and I will no longer be considered a candidate for employment/volunteering with CASA of Madison and Clark Counties. In the event that I am asked to submit to additional background screenings after my initial onboarding and I decline, I understand I may be terminated and/or relieved of my position with CASA of Madison and Clark Counties.

I release the Kentucky CASA Network, CASA of Madison and Clark Counties, and/or its agents, and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regard to the information obtained from any and all of the above referenced sources used.

I understand that I am entitled to a complete copy of any background information report of which I am the subject upon my request to CASA of Madison and Clark Counties, if such is made within a reasonable time from the date it was produced.

Signature: _____

Date: _____

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
Department for Community Based Services

CENTRAL REGISTRY CHECK

FOR THE FOLLOWING TYPES OF EMPLOYMENT OR VOLUNTEERISM, STATE LAW OR KENTUCKY ADMINISTRATIVE REGULATION AUTHORIZES A CHILD ABUSE/NEGLECT (CA/N) CHECK AS A CONDITION OF EMPLOYMENT OR VOLUNTEERISM. PLEASE CHECK THE CATEGORY LISTED BELOW THAT APPLIES TO YOU FOR WHICH THE CHILD ABUSE OR NEGLECT CHECK IS BEING REQUESTED:

- ☐ Child-Placing Agency (Foster/Adoption/Independent Living) Employee or Volunteer (Required by 922 KAR 1:310)
☐ Residential Child-Caring Facility Employee or Volunteer (Required by 922 KAR 1:300)
(Institution/Group Home/Emergency)
☐ Public School Employee, Student Teacher, Contractor, or School-Based Decision-Making Council Member (Required by KRS 160.380)
☐ Private, Parochial, or Church School Employee or Student Teacher (Permitted by KRS 160.151)
☐ Youth Camp Employee, Contractor, or Volunteer (Required by KRS 194A.380-194A.383)
☐ Power of Attorney Regarding the Care and Custody of a Child (Required by KRS 403.352)
☐ Supports for Community Living (SCL) Employee [(Required by 907 KAR 12:010)
☐ Michelle P. Waiver (Required by 907 KAR 1:835)
☐ Home and Community Based (HCB) Waiver (Required by 907 KAR 1:160 and 7:010)
☐ Acquired Brain Injury Waiver Services (Required by 907 KAR 3:090)
☐ Children's Advocacy Center (Required by 922 KAR 1:580)
☒ Court Appointed Special Advocate (CASA) (Required by KRS 620.515)
☐ Personal Care Attendant (Required by 910 KAR 1:090)

Other

If you are requesting this check due to it being required for an out of state employer, please include the statutory or regulatory authority for that state that requires the check be completed.

If none of the above categories are applicable, please explain the reason for requesting a child abuse or neglect check, including the statutory or regulatory authority for the request.

If a regulation or statute is not listed, your request will be cancelled and no refund will be issued.

PERSONAL INFORMATION REGARDING THE INDIVIDUAL SUBMITTING TO A CHILD ABUSE OR NEGLECT CHECK (Please print and submit identifying information such as a copy of your driver's license, social security card/individual taxpayer ID, passport, work ID, or birth certificate):

If you are under the age of 18, you MUST upload a parental consent form.

NAME: _____
(first) (middle) (maiden/nickname/other) (last)

Sex: _____ Race: _____ Date of Birth: _____

Social Security/Individual Taxpayer Identification #: _____

Date of Initial Hire: _____

Current Address: _____
City State Zip Code

Living at the current address longer than 5 years? ☐ Yes (please list below) ☐ No

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code



CENTRAL REGISTRY CHECK

Previous Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Use another sheet of paper, if necessary.

A credit or debit card payment in the amount of ten dollars (\$10.00) must accompany your request to process a Child Abuse or Neglect Check. The Child Abuse or Neglect Check will NOT be processed without payment.

I hereby authorize the Cabinet for Health and Family Services to complete a Child Abuse or Neglect check and to submit the results of the check to me and, on my behalf, to the employer or agency listed below. I also release the Cabinet for Health and Family Services, its officers, agents, and employees, from any liability or damages resulting from the release of this information.

All the information provided is complete and true to the best of my knowledge. I understand if I give false information or do not report all of the information needed, I may be subject to prosecution for fraud.

Signature of the Individual Submitting to the Child Abuse or Neglect Check _____ Date _____

The individual authorizing a Child Abuse or Neglect check may submit a CHFS-305, Authorization for Disclosure of Protected Information, authorizing the Cabinet for Health and Family Services to disclose additional information regarding a finding to the employer or agency listed below should the employer or agency request additional information pursuant to 922 KAR 1:510, Authorization for disclosure of protection and permanency records.

In addition to receiving the results myself, I authorize the Cabinet for Health and Family Services to share the results with the following employer or agency:

NAME OF EMPLOYER/AGENCY: Kentucky CASA Network

ADDRESS: 1640 Lyndon Farms Court, Suite 108 **CITY:** Louisville

STATE: Kentucky **ZIP:** 40223 **PHONE:** _____

E-MAIL ADDRESS: backgroundchecks@kentuckycasanetwork.org

RESULTS OF CHILD ABUSE OR NEGLECT CHECK [FOR OFFICIAL USE ONLY]

- ☐ No reportable incident found in accordance with 922 KAR 1:470
- ☐ Substantiated child abuse found on the registry Date of substantiated finding: _____
- ☐ Substantiated child neglect found on the registry Date of substantiated finding: _____

The substantiated abuse or neglect finding relates to sexual abuse, sexual exploitation, a child fatality, near fatality, or involuntary termination of parental rights ☐ Yes ☐ No

☐ A matter subject to administrative review found in accordance with 922 KAR 1:470

CHECK CONDUCTED ON _____ **BY** _____