KENTUCKY BOARD OF NURSING LICENSURE
KENTUCKY CRIMINAL BACKGROUND REQUEST FORM

To the Applicant

The process to obtain information from the CourtNet Disposition System is as follows:

- Type or print using black ink.
- Enclose a **$20** check or money order **(payable to the Kentucky State Treasurer)** with the completed form.
- **FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.**

Submit the completed form to:

ADMINISTRATIVE OFFICE OF THE COURTS
PRETRIAL SERVICES RECORDS DIVISION
1001 VANDALAY DRIVE
FRANKFORT, KY 40601

Kentucky Criminal Background Request Form

___ – ___ – ____ **Social Security #** (print clearly)

__ / __ / ____ **Date of Birth** (mm-dd-yyyy)

Current Last Name (print clearly)

First Name (print clearly)

Maiden and/or Alias Names (print clearly)

Maiden and/or Alias Names (print clearly)

Street Address / PO Box (print clearly)

City (print clearly) **State** **Zip Code** (print clearly) ____ – ____

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.

Your signature authorizes AOC to send a copy of your complete criminal history report to the Kentucky Board of Nursing.

For AOC: Return the criminal history report to:
Kentucky Board of Nursing
Attn: Credentials
312 Whittington Parkway, Suite 300
Louisville, KY 40222
(502) 429-3334

Signature

__ / __ / ____ **Date** (mm-dd-yyyy)

05/2015