

## STATE OF CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

Division of State Police State Police Bureau of Identification



## STATE OF CONNECTICUT CRIMINAL HISTORY RECORD REQUEST FORM

(PLEASE TYPE OR PRINT CLEARLY)

( ) CT Only Criminal Convi	e/Date of Birth-\$36.00 (will onlocion History Record Search-	\$75.00 (Name/DOB Search w by Fingerprint-\$75.00*	ill provide a copy only if a record exists)	
Name of Requester: <u>C</u>	onnecticut Insurance De	partment <b>Da</b>	te:	
Requester Address: At	tn: Fraud & Investigation	Unit, P.O. Box 816		
City: Hartford	State: CT Zip: 0	6142 Phone Num	ber: <u>(860) 297-3844</u>	
E-Mail Address: bailbon				
1)	IOTE: If e-mail address is provided	I, results will be sent <i>solely</i> v	ia e-mail)	
this form. 3. Enclose a Check or N "Treasurer-State of C	ninal history record check loney Order for the appli CT"	c is required submit a	Fingerprint card along with	
all subjects requested	d. A separate form will be	required for each se		
•		1111 Country C	DESPP-SPBI 1111 Country Club Road Middletown, CT 06457-2389	
Subject's Last Name	First	Middle	Date of Birth	
List any alias or maiden na	mes and dates of births use	d:		
of Connecticut criminal cor	nviction history record infor	mation ONLY. Please b	d submission and contains State e advised that the criminal	

\*\*A COPY OF THIS FORM MAY BE USED\*\*

individual criminal history record information, the Department of Emergency Services and Public Protection (DESPP) cannot guarantee the accuracy of the information except with respect to the date the information is disclosed or obtained. DESPP and the State of Connecticut are not responsible for any errors or omissions resulting from subsequent dissemination of this data. The subject and/or requester assumes all liability in the

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use of data obtained from this database.