Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the ADAIRSVILLE POLICE DEPT. **to conduct an**
Criminal Justice Agency
inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (print):			
Address			
Sex	**Race**	**Date of Birth**	**Social Security Number**

☐ **This authorization is valid for 90/180/_____ (circle one) days from date of signature.**

☐ **I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.**

_____ _____
Signature **Date**

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____
Purpose Code used: (check one)

	Employment (E) – Provides ***Georgia*** Criminal History Record Information
	Employment with Mentally Disabled (M) - Provides ***Georgia*** Criminal History Record Information
	Employment with Elder Care (N) - Provides ***Georgia*** Criminal History Record Information
	Employment with Children (W) - Provides ***Georgia*** Criminal History Record Information
	Public Records (P) – Provides ***Georgia Felony Convictions*** Only

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The inquiry resulted in the following: (check all that apply)

	No Georgia CHRI results available.
	Georgia CHRI attached/released.

	No NCIC/GCIC Warrant results available.
	Possible NCIC/GCIC Warrant. Contact Agency listed below.
Wanting Agency Name:	
Agency Telephone:	

_____ _____
Agency Designee Signature and Title **Date**

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby give consent for the Adairsville Police Department **to receive any Georgia or III criminal history record information pertaining to me, as authorized under state and federal law for individuals seeking employment with a criminal justice agency.**

Criminal Justice Agency

Full Name (print):			
Address			
Sex	**Race**	**Date of Birth**	**Social Security Number**

☐ **This authorization is valid for 90/180/_____ (circle one) days from date of signature.**

☐ **I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this agency.**

_____ _____

Signature **Date**

Date of inquiry: _____ Time of inquiry: _____ Operator's initials: _____

Purpose Code used: (check one)

☐	**Civilian Employment with a Criminal Justice Agency (J) –** Provides complete ***Georgia*** and ***III*** Criminal History Record Information except juvenile or restricted records and
☐	**P.O.S.T. Certified Employment with a Criminal Justice Agency (Z) -** Provides ***Georgia*** and ***III*** Criminal History Record Information including restricted records that contain completed first offender sentences for any offense

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The inquiry resulted in the following: (check all that apply)

☐	**No Georgia or III CHRI results available.**
☐	**Georgia / III CHRI attached/released.**

☐	**No NCIC/GCIC Warrant results available.**
☐	**Possible NCIC/GCIC Warrant. Contact Agency listed below.**
Wanting Agency Name:	
Agency Telephone:	

_____ _____

Agency Designee Signature and Title **Date**

Accident Reports:

Pursuant to O.C.G.A. § 50-18-72a Date _____

To: Custodian of the Records

From: _____

RE: Motor Vehicle Accident Report No. _____

☐ I was driving a vehicle involved in the accident.

☐ I have a personal, professional, or business relationship with _____.

☐ I own or lease an interest in _____.

☐ I was allegedly or actually injured by the accident which is the subject of this report.

☐ I was a witness to the accident which is the subject of this report.

☐ I am the actual or alleged insurer of a party to the accident or of property actually or allegedly damaged by the accident which is the subject of this report.

☐ I am a prosecutor or a publicly employed law enforcement officer.

☐ I am alleged to be liable to another party as a result of the accident which is the subject of this report.

☐ I am an attorney and need the requested reports as part of a criminal case, or an investigation of a potential claim involving contentions that a roadway, railroad crossing, or intersection is unsafe.

☐ I am a representative for _____. I am obtaining access to motor vehicle accident reports for the sole purpose of news gathering for my news media organization.

☐ I am conducting research in the public interest for such purposes as accident prevention, prevention of injuries or damages in accidents, determination of fault in an accident(s), or other similar purposes.

_____ _____

Releasing Officer **Signature**

ADAIRSVILLE POLICE DEPARTMENT

100 Public Square Adairsville GA, 30103 Phone# 770-773-7778 Fax# 770-773-2585

OPEN RECORDS REQUEST LOG SHEET

Telephone Request (Date/Time): _____

Request made in Person (Time): _____

Requestor Name: _____

Requestor Address: _____

_____

_____

Requestor Phone/Email: _____

Type of Records Requested: _____

_____

_____

Name of Individual (victim/suspect): _____

Date of Incident: _____

County where occurred: _____

Case Number (if available): _____

Other information: _____

_____

_____

Prepared By: _____

Received By: _____