



POLICE DEPARTMENT, COUNTY OF SUFFOLK, NY
ACCREDITED LAW ENFORCEMENT AGENCY
APPLICATION FOR BACKGROUND CHECK / APLICACION PARA HISTORIA CRIMINAL

SECTION I: MUST BE COMPLETED BY APPLICANT

TO: Suffolk County Police Department
 30 Yaphank Avenue
 Yaphank, NY 11980

Attention: Central Records Section
 Letter Of Good Conduct Desk
 Tel: 631-852-6316

I HEREBY APPLY FOR A CERTIFIED COPY OF THE REPORT / RECORD DESCRIBED BELOW (Please supply as much of the information as possible, printing your entries with a ball point pen) (Por favor fuente tanto de la informacion como sea posible, imprimiendo sus entradas con un boligrafo)

Name of Applicant / Nombre de solicitante	Signature of Applicant / Firma de solicitante	Date of Application / Fecha de Aplicacion
Applicant's Address / Dirección de Applicant		Applicant's Daytime Phone / Telefono de Applicant
Name of Business/Firm / Nombre del Negocio / de la Firma	Name of Client Represented / Nombre del Cliente Representado	

Name to be researched _____
 Nombre del individuo se investigue

Maiden Name or Any Other Name Used _____
 Nombre de Soltera o otro Apellido Usado

Date of Birth _____ **Place of Birth** _____
 Fecha de Nacimiento mes/dia/ano Donde Nacio City/State/Country Ciudad/Estado/Pais

Social Security Number _____ - _____ **Phone Number** _____
 Numero de Seguro Social Numero de Telefono

Current Address _____
 Direccion Corriente/Numero de Apartamento/Ciudad/Estado/Codigo Postal

Previous Address _____
 (Complete if Residing at Current Address for Less than Ten (10) Years)/ Direccion previa si menos de Diez anos)

Father's Name _____ **Mother's Maiden Name** _____
 El Nombre de Su Padre Apellido de Soltera de Su Madre

SECTION II: FOR USE BY POLICE DEPARTMENT FREEDOM OF INFORMATION OFFICER ONLY

- APPROVED
 - * APPROVED WITH REDACTIONS
 - * PARTIAL APPROVAL
 - * DENIED
 - RECORD CANNOT BE FOUND AFTER A DILIGENT SEARCH
 - RECORDS ARE NOT POSSESSED OR MAINTAINED BY THIS AGENCY
 - ADDITIONAL INFORMATION NEEDED _____
 - THIS INCIDENT IS NOT WITHIN OUR JURISDICTION
 - RECEIPT OF THIS REQUEST IS ACKNOWLEDGED. THERE WILL BE A DELAY IN SUPPLYING THE REQUESTED RECORD UNTIL _____ FOR THE FOLLOWING REASON:

 - OTHER _____
- * SEE ATTACHMENT (PDCS-5414-1) FOR EXPLANATION

TITLE: FREEDOM OF INFORMATION OFFICER	DATE
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YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS APPLICATION IN WRITING TO THE OFFICE OF THE COUNTY ATTORNEY WITHIN 30 DAYS OF THE DENIAL. INFORMATION AS TO THE PERSON TO CONTACT IS SHOWN BELOW. THE CONTACTED PERSON MUST RESPOND TO YOU IN WRITING WITHIN TEN BUSINESS DAYS OF RECEIPT OF YOUR APPEAL.

SUFFOLK COUNTY ATTORNEY: H. LEE DENNISON BUILDING
 100 VETERANS MEMORIAL HIGHWAY
 P.O. BOX 6100
 HAUPPAUGE, NY 11 788