



# FELONY/MISDEMEANOR STATEMENT

Nebraska Department of Health and Human Services  
Child Care Licensing Program

P. 1  
No. 3470

This form is to be completed by all providers, household members, substitutes, volunteers, licensees, directors, teachers, assistant teachers and all support staff, age 19 and older, at initial licensing AND whenever there have been changes in staff or household composition AND whenever an application is submitted.

This statement MUST include all law enforcement contacts regardless of prosecution. List details, dates and county of disposition (i.e., parole, probation, incarceration, fine, community service, etc.) to the date this document is signed. Law enforcement records may be obtained and reviewed to determine the accuracy of this statement.

For each statement, if you have had NO law enforcement contacts, write "NONE"

My record of felony and/or misdemeanor arrests related to crimes against children include: \_\_\_\_\_

\_\_\_\_\_

My record of misdemeanor tickets, other than minor traffic violations include: \_\_\_\_\_

\_\_\_\_\_

My record of felony and/or misdemeanor convictions include: \_\_\_\_\_

\_\_\_\_\_

Pending criminal charge(s) include: \_\_\_\_\_

\_\_\_\_\_

My current parole or probation status is: \_\_\_\_\_

\_\_\_\_\_

Law enforcement contacts regardless of prosecution include: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date of Birth \_\_\_\_\_ Relationship to Facility \_\_\_\_\_

Print Full Name \_\_\_\_\_ Other Names Used (previous married, maiden, alias, nicknames) (if none, write none) \_\_\_\_\_

Name of Provider/Facility \_\_\_\_\_ Telephone Number \_\_\_\_\_ Date \_\_\_\_\_

Failure to provide accurate and complete information may result in disciplinary action against the applicant or licensee.  
FOR FCCM ONLY - Distribution: WHITE - Central Office; CANARY - Child Care Licensing; PINK - Provider/Applicant

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