



## New Jersey Department of Children and Families Policy Manual

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Chapter:	A	Forms	11-19-2012
Subchapter:	1	Forms	
Issuance:	SBI.19	<b>SBI-19, State of New Jersey Manual Fingerprint Card</b>	

Click here to view a sample Form [SBI-19](#), State of New Jersey Manual Fingerprint Card.

Contact the DCF LiveScan Liaison, Office of Facilities and Support Services, CC # 933, to obtain this form. Do not complete or submit copies of the sample form contained in the manual.

### **PURPOSE AND USE**

The State of New Jersey Manual Fingerprint Card, SBI-19, is used by DCF to request the State Bureau of Identification to do a criminal history check on a person who:

- Is applying to be resource parent or an adult member of a resource parent applicant’s household and who lives, works, and attends school more than 20 miles outside of New Jersey;
- Is a potential Civil Service employee direct care worker or student intern and who lives, works, and attends school more than 20 miles outside of New Jersey;
- Has a doctor’s note indicating that the applicant or adult household member is physically unable to have his or her fingerprints taken at a MorphoTrak site in New Jersey; or
- Is a child in placement for whom there is a compelling reason to have a set of fingerprints filed in his or her case record. See [CP&P-IV-A-6-100](#).

### **INSTRUCTIONS FOR COMPLETING THE FORM**

The responsible staff person in the DCF office or police department takes the fingerprints of the resource parent applicant, including any adult who resides in the applicant's household, prospective Civil Service employee direct care worker or student intern, or child in placement.

The SBI-19 containing a child in placement's fingerprints is filed in the child's case record for as long as he or she is in placement and for at least one year after he or she is no longer in placement.

Completed forms for other persons are sent to the DCF LiveScan Liaison, Office of Facilities and Support Services, CC #933. The LiveScan Liaison makes sure that the form is completed correctly. The Liaison forwards the SBI-19 to MorphoTrak to be scanned. If the forms are not completed fully and accurately, in strict accordance with these instructions, they will be rejected and returned to be corrected, completed and resubmitted. This process causes delays in the criminal history background check, and thereby delays the Department's application approval.

All requested information on both the Federal, FD-258, and State, SBI-19, fingerprint cards must be completed. Information must be the same on both cards. It must be typewritten. Codes for both cards are identical (sex, race, etc.) and were issued from DHS Personnel Circular #95-92, dated 10997.

**NAME:**

The full name of the applicant (person to be fingerprinted) is typed in the space indicated at the top of the card, entering the last name first. A clear set of fingerprints is then taken. When the prints are dry, the remaining information on the card is completed.

**S.B.I.**

Leave blank.

**US CITIZEN:**

Check the appropriate box to indicate if the applicant is a United States citizen.

**DATE OF BIRTH:**

Enter numerically the applicant's month, day, and year of birth.

**PLACE OF BIRTH:**

Enter the city and state where applicant was born.

**SEX:**

Identify the individual's sex by "M" for Male, "F" for Female or "B" for Both.

**RACE:**

Enter the appropriate code:

B - African American

W - White

A - Asian

H - Hispanic

I - Native American

O - Other

**HEIGHT:**

Enter the applicant's height, e.g., 5'11", 6'.

**WEIGHT:**

Enter the applicant's weight in pounds, e.g., 165.

**HAIR:**

Enter the appropriate code:

Blk - Black

Red - Red

Bln - Blond

Bro - Brown

Gry - Grey

Sdy - Sandy

Whi - White

Bal - Bald

XXX- Unknown

Enter the appropriate code:

Bl - Blue

Haz - Hazel

Bro - Brown

Blk - Black

Grn - Green

Gry - Grey

Mar - Maroon

Pnk - Pink

XXX- Unknown

**SOCIAL SECURITY NUMBER:**

Enter the applicant's Social Security Number.

**RESIDENCE OF PERSON FINGERPRINTED:**

Enter the applicant's complete address.

**ALIASES:**

Enter any other name by which the applicant is known and or the applicant's maiden name, if applicable and or an additional date of birth.

**SBI NUMBER:**

Leave Blank.

**MARKS, SCARS, AMPUTATION:**

Enter any identifying marks, scars or amputations the applicant may have.

**CONTRIBUTOR ADDRESS ORI NO.:**

Leave blank. The DCF ORI number and address are pre-printed on the card.

**APPLICATION FOR:**

Enter the reason why the fingerprints are being taken. (Be brief - use two or three words.) Enter the applicable State statute (required):

- Resource parent or adult member of their household, 30:4C-26.8
- Civil Service employment, including volunteers and student interns, 30:4-3.6

**SIGNATURE OF PERSON FINGERPRINTED:**

The applicant must sign his/her full name. The signature must be completed or the card will be rejected.

**IMPRESSIONS TAKEN BY:**

Type the name of the individual who takes the applicant's fingerprints.

**DATE TAKEN:**

Enter the date numerically, when the applicant's fingerprints were taken.

**CONTRIBUTOR'S USE ONLY:**

Enter the DCF Cost Center Code number.

**OCCUPATION:**

Enter the applicant's occupation. (Optional)

**EMPLOYER AND PLACE OF EMPLOYMENT:**

Enter the name of the applicant's employer and the address of the place of employment. (Optional)

**NAME AND ADDRESS OF NEAREST RELATIVE:**

Enter name and address of nearest relative. (Optional)

**REMARKS:**

Leave blank.

**ROUTING:**

Two copies of the State of New Jersey Manual Fingerprint Card are submitted with two copies of the Federal Bureau of Investigation Manual Fingerprint Card, FD-258. They are placed in alphabetical order, entered in the log kept by the DCF office and sent via inter-office mail to:

DCF LiveScan Liaison  
Office of Facilities and Support Services  
CC #933

The CFU will return the fingerprints to the appropriate DCF office indicating whether or not the applicant has a State Bureau of Identification criminal record.

If the applicant has a criminal record, the CFU attaches the record to the card and forwards the cards and the criminal history record to the DCF contact person where the records are reviewed for an appropriate decision regarding the applicant. The cards and the criminal record are then filed in the applicant's home folder or file.

If the applicant does not have a criminal history record, the card is reviewed and filed in the applicant's home folder or file with the side stamped "NO CRIMINAL RECORD" face up.