

**CRIMINAL/OFFENSE INFORMATION FORM**

Identification Information. Please print clearly.		
Last Name	First Name	Middle Name/Initial
Street Address		
City	State	Zip
Social Security Number	Date of Birth (mm/dd/yyyy)	

**INFORMATION REGARDING CRIMES AND/OR OFFENSES**

You indicated on your application for certification that you have been convicted of, pled guilty, no contest or *nolo contendere*, or had adjudication withheld to a crime or offense, including DUI. Before your application can be processed, the State Board of Examiners, the teacher licensing authority, requires that you provide answers to the following questions regarding your crime(s) and/or offense(s). The State Board of Examiners will review the information provided to determine if your application for certification can be processed.

1. Specify and describe the nature of the crime(s) and/or offense(s). Attach additional sheets, as necessary. Include the Item # when items are continued on another sheet.



2. Date of Crime/Offense	Date of Arrest	Indictment No.	Date of Disposition of Charges
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3. Name and address of court

4. What was the disposition of the case (e.g., convicted, pled guilty, accepted into Pretrial Intervention program, etc.)?

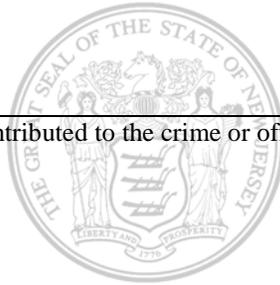
Were you sentenced? Yes \_\_\_ No \_\_\_ If yes, what was the sentence imposed (include fines, community service, etc.)?

**PLEASE COMPLETE SECTIONS ON NEXT PAGE**

5. What was your age at the time the crime or offense was committed? \_\_\_\_\_

6. Describe the circumstances under which the crime or offense occurred.

7. Indicate if the crime or offense was an isolated or repeat incident.



8. Indicate any social conditions which may have contributed to the crime or offense.

9. Provide written evidence of rehabilitation, such as good conduct in prison or in the community, counseling or psychiatric treatment received, acquisition of additional academic or vocational schooling, successful participation in correctional work-release programs, or the recommendation of persons who have supervised you in some capacity.

10. You may provide any additional information or documentation that you wish the State Board of Examiners to consider. For example, you may provide documentation such as an employment approval letter from the Criminal History Review Unit in the New Jersey State Department of Education that approves you for public school employment or a copy of the judgment(s) of conviction for your crime(s) and/or offense(s). The phone number of the Criminal History Review Unit is (609) 292-0507.

**I certify that the aforementioned information is true. I am aware that I am subject to punishment if I willfully provide incorrect or misleading information.**

Signature

Date (mm/dd/yyyy)

Please return this form to: Coordinator for the State Board of Examiners, New Jersey Department of Education, P.O. Box 500, Trenton, New Jersey, 08625-0500. For **substitute credentials** please return this form to your County Office of Education's Certification Clerk.

Note: Pursuant to N.J.A.C. 6A:9B-4.2, candidates for certification must provide information regarding their criminal history, which will then be reviewed by the State Board of Examiners. Your application for certification may not be processed until you complete and return this form to the State Board of Examiners. In accord with N.J.A.C. 6A:9B-5.6, fees are nonrefundable. If you do not complete the application process, you may not request that your money be returned to you.

OCI 9/22/2016