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Notary Public

Purpose of form

This form is used to request a Record of Arrest and Prosecution (RAP) sheet for person of interest listed below. The RAP sheet includes <u>only Nebraska fingerprint-based</u> arrests and resulting dispositions. There is a \$30.00 fee for this service. This fee is accepted as cash, check or money order. Make check or money order payable to Nebraska State Patrol.

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	tion of record by the Nebraska S certification/notarization.		be specifically requeste	a.
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Requests can also be	e made online at ne.gov/go	o/cbg. Online r	equests can be pai	d with a credit or debit card.
2. Request Info	rmation			
This request is on (Check	one): Yourself Sor	meone else R	eason for request:	
0.	cerest (Person on whom the backgr			and and stands
Please provide as much information as possible. First & Last Names and Date of Birth (DOB) are referred to the please provide as much information as possible. First & Last Names and Date of Birth (DOB) are referred to the please provide as much information as possible. First & Last Names and Date of Birth (DOB) are referred to the please provide as much information as possible. First & Last Names and Date of Birth (DOB) are referred to the please provide as much information as possible. First & Last Names and Date of Birth (DOB) are referred to the please provide as much information as possible. First & Last Names and Date of Birth (DOB) are referred to the please provide as much information as possible. First & Last Names and Date of Birth (DOB) are referred to the please provide as much information as possible. First Name:			quirea fielas.	
DOB:	Place of birth:		Race:	Gender:
Current Street Addres	Current Street Address:		City, State, Zip code:	
ALIAS/AKA: List any o	ther names used: maiden/ma	rried/adopted/r	<u> </u>	es. etc.
				(33)
Social Security Number: This request will not be denied for ref			al to provide a social security number, but the criminal	
, ,			the number, which will be used only for the purpose of	
Phone #:	Phone #: confirming identity during the criminal in Fax #:		mistory effects.	
4. Individual or	agency requesting/receiv	ing the backgro	ound check (Only if o	lifferent than section 2)
4.				·
Agency/Company Name:	; 			
Individual Name: Mailing Address: City, State, Zip code:				
		Fax #:		
Results will be sent by fax or mail. For security reasons we are unable to send results by email.				e to send results by email.
Mail completed form w				,
Mail completed form with payment to: Nebraska State Patrol, Criminal Identification Division 4600 Innovation Dr				
	Lincoln, NE 68	521		
For questions, call the Criminal Identification Division at 402-479-4971.			Signature of Requester (individual or agency)	
Notarized Re	lease (Ontional)		naa with Naharaha Da	
of the criminal h public record w	riminal history record may be re history record, the person of inte ill be released to you. See §29-35	rest (from section 23 for the differen	3) must sign this form nce between a <i>public</i> a	ised Statute §29-3523. If you would like a full release before a notary public. If this form is NOT notarized, and <i>full release</i> criminal history record.
I consent to the disclosu	ure and copying of any Record of	Arrest and Prosec	ution to the person or	entity listed above in Section 4.
State of)			
State oi	,) ss			
State of) ss County of)			Signature of Person of Interest from Section 3	
Subscribed and sworn to	o before me thisday of			<u>.</u>

NSP 752 03/24