## **REQUEST FOR EXEMPTION**

## (FROM CRIMINAL HISTORY RECORD AND BACKGROUND CHECK STANDARDS)

Section I: Individual Seeking Exemption				
Print Name:		First		M.I.
			Dirth Data:	
			Birth Date:	
Home Address:				
Mailing Address:				
Home Telephone:		Business Telephone:		
Section II: Reasons for Exemption				
COMPLETE ALL OF THE FOLLOWING ITEMS. Use additional sheets of paper if necessary.  Identify the agency and/or beneficiary that you will serve as a direct service provider (or serve in direct contact):  Describe the type of service you would be providing for the agency and/or beneficiary:				
	B. Why do you believe an exemption should be given for your criminal conviction or confirmation of abuse? Explain:			
		riminal conviction or confirmation crime or abuse that would demor		

5. List all significant activities/dates since your criminal conviction or confirmation of abuse, such as employment, participation in therapy or education:

6. References. List your references below and provide telephone numbers where they may be contacted. In providing this information, you are consenting to the Department of Human Services or their designee, contacting these individuals for reference verification purposes. Written statements of support may also be submitted:

7. Other comments you may wish to make regarding your exemption request:

8. SEND COMPLETED REQUEST FOR EXEMPTION FORM TO:

Fieldprint, Inc. 12000 Commerce Parkway Suite 100 Mount Laurel, NJ 08054