REOUEST FOR EXEMPTION(from Criminal History Record and Background Check Standards)

	Section I: Individual Seeking Exemption		
Print Name:	Last First M.I.		
Signature			
Social Security No.:	Birth Date:		
Home Address:		_	
Mailing Address:			
Home Telephone:	Business Telephone:		
	Section II: Reasons for Exemption		
COMPLETE A	LL OF THE FOLLOWING ITEMS. Use additional sheets of paper if necessary	<u>.</u>	
1. Identify the agency contact):	and/or client that you will serve as a direct service provider (or serve in direct		
2. Describe the type of	f service you would be providing for the agency and/or client:		
3. Why do you believ abuse? Explain:	Why do you believe an exemption should be given for your criminal conviction or confirmation of abuse? Explain:		
U •	iminal conviction or confirmation of abuse, were there things about the crime or abuse that would demonstrate that it is unlikely to occur again? Explain	n:	

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 statemen of support may also be submitted:	
Other comments you may wish to make regarding your exemption request:	

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