



**STATE OF WISCONSIN  
DEPARTMENT OF JUSTICE**

DJ-LE-250A (Rev. 7/11)

**DIVISION OF LAW ENFORCEMENT SERVICES  
Crime Information Bureau  
Record Check Unit**

**WISCONSIN CRIMINAL HISTORY  
MULTIPLE NAME RECORD REQUEST**

**PO Box 2688  
Madison, WI 53701-2688  
608/266-5764**

**A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included.** See reverse side for more information/instructions.

Return request

To : \_\_\_\_\_ Attn: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ FAX: \_\_\_\_\_

City, State,

Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Requestor Type – Check One**  
 Government Agency \$12.00\*  
 General Public \$12.00\*  
 Nonprofit Org. \$12.00\*  
 Public Defender (Fee Exempt)  
 SPD # \_\_\_\_\_

**Request Purpose - Check One**  
 General Information  
 Public Housing  
 Caregiver – General (\*Add \$3 DHS fee)  
 Child Day Care - Caregiver (\*Add \$3 DHS fee)  
 Provide either Facility # \_\_\_\_\_  
 or Certifying Agency # \_\_\_\_\_

**Total Number of  
Requests Submitted**

Multiply the Search Fee (including DHS fee) times  
the Number of Requests to determine the amount to enclose

**Payment Type – Check One**  
 Bill Account  
 Number # \_\_\_\_\_  
 Amount  
 Enclosed \$ \_\_\_\_\_

| * Last Name | * First Name | Middle | * Sex | * Race | * Date of Birth<br>(MM/DD/YYYY) | Other Identifying Data<br>(Soc Sec Num, Maiden name) | ** CIB Use Only<br>(Leave Blank) |
|-------------|--------------|--------|-------|--------|---------------------------------|--|----------------------------------|
|             |              |        |       |        |                                 |  |                                  |
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|             |              |        |       |        |                                 |  |                                  |
|             |              |        |       |        |                                 |  |                                  |

\* Required Data – Please type or print legibly  
 \*\* CIB will indicate “No Record” or will record the State Identification Number of the corresponding record in this column. The record(s) will be attached to this form and returned.

# General Instructions

Use form DJ-LE-250A to request criminal background checks on more than one individual. Use form DJ-LE-250 to request background checks on a single individual. Wisconsin Statutes 19.35(1) and 165.82 provide that any person or entity may request a criminal background check. The subject of the inquiry may be any person. Wisconsin adult criminal history data held by the Crime Information Bureau is public information. Wisconsin does not release juvenile information unless statutorily authorized.

The Wisconsin Criminal History Record Request **must** provide:

- (1) **Complete the “Return request to” section.**
- (2) **Requestor Type.** Check the box for your requestor type. Nonprofit organizations must include a copy of your 501(c)3 from the IRS.. Public defenders must include your SPD number.
- (3) **Request Purpose.** Check the “General Information” box unless you need the special processing described below. Requests received without a purpose checked will be processed as General. Caregiver Background Check processing should be used by entities or individuals required to do caregiver background checks under s. 50.065, and child care entities under s. 48.685. The caregiver background check includes a Wisconsin criminal background check, a license and registry check from the Wisconsin Department of Health and Family Services (DHFS) and a professional credential check from the Wisconsin Department of Regulation and Licensing (DRL). The results of the caregiver background check from DHFS/DRL are returned separately from the Wisconsin criminal history results. Child day care providers with day care facility numbers (assigned by the Division of Children and Family Services in DHFS) or with certifying agency numbers (assigned by the Wisconsin Department of Workforce Development (DWD)) must check the “Child Day Care” box and provide their facility or agency number. All other entities and individuals covered by the Caregiver legislation must check the “Caregiver Background Check – General” box.
- (4) **Enter the number of requests.**
- (5) **Payment Type.** Wisconsin s. 165.82 requires CIB to charge a fee for background checks. If you have an account and wish to be billed, enter your account number. Account customers will be billed monthly. **A check or money order must accompany all other requests.** Multiply the fee amount times the number of requests to determine the amount to enclose. If appropriate, include DHFS Caregiver fee in Amount Enclosed. Make checks payable to the **Wisconsin Department of Justice**.
- (6) **Enter the complete name, sex, race, and date of birth for each individual being checked.** Entry of social security number is optional, but please be aware that this number is one of the unique identifiers used by the Crime Information Bureau and by the Department of Health and Family Services. Social Security numbers help prevent incorrect matches.
- (7) **A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included.** This form will be returned and stamped “No Record” if there is no public criminal information on file at CIB. The form will be accompanied by public criminal history information if a record is found. Please allow 10 business days for the CIB record check and reasonable mailing time by the postal service. Do not provide an additional envelope for Caregiver results. General Caregiver results will be returned to the address specified in the “Return request to” section and Child Daycare results will be returned to the address on file at DHFS or DWD.

Mail requests to: Crime Information Bureau, Attn: Record Check Unit, PO Box 2688, Madison, WI 53701-2688

**165.82 CRIMINAL HISTORY SEARCH FEE.** (1) Notwithstanding ss. 19.35(3) the Department of Justice shall impose the following fees, plus any surcharge required under sub. (1m), for criminal history searches for purposes unrelated to criminal justice:

- (a) For each record check, except a fingerprint card record check, requested by a nonprofit organization, \$7.00.
- (ag) For each record check, except a fingerprint card record check, requested by a governmental agency, \$7.00.
- (ar) For each fingerprint card record check requested by a governmental agency, \$15.
- (b) For each record check by any other requestor, \$7.00.

(1m) The Department of Justice shall impose a \$5 surcharge if a person requests a paper copy of a criminal history search requested under sub. (1).

(2) The Department of Justice shall not impose fees for criminal history searches for purposes related to criminal justice.

**1999 WISCONSIN ACT 9** This act authorizes the Department of Health Services to impose a fee for caregiver checks submitted to that agency. This fee has been set at \$3 and is effective May 1, 2000. The Department of Justice has agreed to collect this fee for DHS.

## Requestor Type Category Definitions

**Nonprofit Organization** – An organization in which no part of the income is distributable to its members, directors or officers. Record check requests submitted to the Crime Information Bureau by nonprofit organizations must include a copy of their 501{c}{3} ruling from the Internal Revenue Service.

**Governmental Agency** – A federal, state, county or municipal governing body created by constitution, state, code, charter, ordinance, rule or order and any formally constituted subunit or agency thereof. This category includes public school districts.

**Any Other Requestor** – Includes the general public, and individual, agency or organization that does not meet the definition of governmental agency, nonprofit organization or a criminal justice agency involved in the administration of criminal justice.