DISTRICT OF COLUMBIA COURTS
Human Resources Division
500 Indiana Avenue, NW
Washington, D.C. 20001-2131

~~ATTACHMENT J.10~~

CRIMINAL BACKGROUND CHECK AFFIRMATION FORM

Pursuant to the authority of 28 U.S.C. § 534 and 42 U.S.C. § 5119a; any individual providing or being considered for the provision of services to the District of Columbia Courts will be required to undergo a criminal background check. Failure to obtain a criminal background check will affect your ability to work with minors at the District of Columbia Courts. Any individual who intentionally enters information that misrepresents, misinforms, or misleads on this form, is subject to administrative action and removal.

(1) Murder, attempted murder, manslaughter, or arson;
(2) Assault, assault with a dangerous weapon, mayhem, malicious disfigurement, or threats to do bodily harm;
(3) Burglary;
(4) Robbery;
(5) Kidnapping;
(6) Illegal use or possession of a firearm;
(7) Sexual offenses, including indecent exposure; promoting, procuring, compelling, soliciting, or engaging in prostitution; corrupting minors (sexual relations with children); molesting; voyeurism; committing sex acts in public; incest; rape; sexual assault; sexual battery; or sexual abuse; but excluding sodomy between consenting adults;
(8) Child abuse or cruelty to children; or
(9) Unlawful distribution or possession of or possession with intent to distribute a controlled substance.

Directions: Circle one declaration to complete and affirm each statement.

I have / I have not	been convicted of any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.
I have / I have not	pleaded nolo contendere to any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.
I am / I am not	on probation before judgment or placement upon a stet docket of a case involving any of the felony offenses on the list above.
I have / I have not	been found not guilty by reason of insanity of any of the above listed offenses or their equivalent, either in the District of Columbia, or in any state or territory.

I hereby affirm my responsive declaration to each statement on this Affirmation form.

Date: _____ _____ _____
Signature Printed Name

Division: _____ Supervisor: _____

Are you an (please circle one): Employee Contractor Intern/Volunteer