STATE OR DISTRICT JUDICIAL NOMINATION COMMISSION AND OFFICE OF THE GOVERNOR JOINT JUDICIAL BACKGROUND INFORMATION

The following information is not required by law, and will be deemed to have been submitted to the State or District Judicial Nominating Commission and the Office of the Governor in confidence. The information contained within this application will only be used for purposes of the judicial nomination appointment process. This information will not be made available to public inspection except as required by law.

PART 1: If your answer to any of the following is "yes," please give full details on a separate sheet of paper.

(a)	Have you ever been arrested?		
	Yes	No 🗌	
(b)	Have you ever been charged with, convicted of, pled guilty to, or received a deferred judgment or sentence for any crime or violation, including OWI, DWI, DUI, or reckless driving? Do not include minor traffic offenses resulting in fines of less than \$250.		
	Yes	No 🗌	
(c)	Have you ever been investigated for professional disciplinary proceeding, or had any professional finding of professional misconduct? Please inclubody in which you were asked to respond to the dismissed.	de and explain any complaint to a disciplinary	
	Yes	No 🗌	
(d)) Have you ever been placed on a child abuse, adult abuse, or sex offender registry?		
	Yes	No 🗌	
(e)	Have you ever been the subject of a no-contact	order?	
	Yes	No	
(f)	Have you ever been assessed, or threatened to be assessed, with a civil or criminal penalty in connection with the reporting of, or failure to report, your federal, state, or local taxes by any local, state, or federal office or agency?		
	Yes	No 🗌	
(g)	Have you ever been subject to a tax forfeiture ac bankruptcy?	tion or have you ever filed for personal or busines	
	Yes	No 🗌	
(h)	Have you ever been dishonorably discharged from	om military service?	
	Yes	No 🗌	
(i)	Have you ever been a party to or testified in a criminal or civil court proceeding?		
	Yes 🗆	No \square	

Governor should be awa may disclose it to the Cl to the other members of	are of? If there is adverse information of the Commission in a separate	oncerns or that the Commission or the on you are reluctant to disclose, you the document. The Chair will disclose it lic session. If you are nominated by the Governor.
	Yes No No	
Governor's office and the Iow	a Department of Public Safety mation about you. Please provide the	n, Iowa Judicial Branch Staff, the ay conduct a background he following information and sign
First Name	MI	Las Name
Home address		
City	State	Zip
Cell Phone	Office Phone	Home Phone
Email Address		
Social Security Number	Driver's License Number	State
Date of Birth	Place of Birth – City	Place of Birth – State
I certify under penalty of perjury information I have provided about	y and pursuant to the laws of the Stave is true and correct.	ate of Iowa that the background
Department of Public Safety, and file with the Department of Reve Judicial Branch, other courts, creeducational institutions, business by the State or District Judicial March 2018.	enue, the Motor Vehicle Division, la edit references or bureaus, past and	y and all records pertaining to me on
District Judicial Nominating Co the Governor's Office against ar remain in effect so long as my a District Judicial Nominating Co remain in effect for the length of	mmission, Iowa Judicial Branch, Iony liability that may result from mapplication for nomination and appointmission or the Governor. And if a	formation. I indemnify the State or owa Department of Public Safety, and king such requests. This release shall bintment is pending with the State or appointed to judicial office, it shall dicial Branch. I understand that I may nd scope of the investigation.
Signature]	Date



State of Iowa

Credit History Disclosure Authorization and Consent Form

Judicial Applicant

Please read carefully

DISCLOSURE

This document serves solely as a clear and conspicuous written disclosure as required by the Federal Fair Credit Reporting Act set forth in Section 604 (b) to the applicant that a credit history check may be obtained for the purpose of this employment/ licensing application. By the signature below, the applicant acknowledges that the lowa Department of Public Safety, Division of Criminal Investigation and **Global Screening Solutions**, have made this disclosure.

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **lowa Division of Criminal Investigation** may now, or any time while I am employed/licensed, conduct a verification of my credit history to fulfill the job and/or licensing requirements. The results of this verification process will be used to determine employment/ licensing eligibility for the position/license applied for. In the event that information from the report is utilized in whole or in part in making an adverse action decision with regard to your potential employment/ licensing, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. I authorize **Global Screening Solutions** at 4833 Front Street B448, Castle Rock, CO 80108, 866-454-2325, <u>customerservice@global-screeningsolutions.com</u>, <u>www.Global-ScreeningSolutions.com</u>, and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **lowa Division of Criminal Investigation. Contact Global Screening Solutions, if you want to receive a copy of our Information Security Policy.**

I have read and understand this disclosure, and I authorize the credit history verification.

I authorize persons and other organizations and Agencies to provide **Global Screening Solutions** with all information that may be requested. I agree that any copy of this document is as valid as the original. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment/licensing was denied based on information obtained through the credit history verification process.

CONFIDENTIAL INFORMATION FOR POSITIVE IDENTIFICATION PURPOSES ONLY

Applicant's Signature	Today's Date	ERELEAGE WIGOT DESIGNED	
		PRELEASE MUST BE SIGNED	
Previous Address	City/State/Zip	Dates	
Previous Address	City/State/Zip	Dates	
Current Address	City/State/Zip	Dates	
ist Other Names Used	Date of Birth (for identification only)	Social Security Number	
Applicant Last Name	First Name	Middle Name	