**Application for a Judicial Magistrate Position**

**Part 2B: Confidential Information, Disclosure and Release Form**

**(Revised: 7-25-2022)**

**Note 1:** Scan and email this form to the chair of the magistrate appointing commission. It should not be distributed to other members of the commission(s).

**Note 2:** A background investigation will be conducted on each judicial applicant.

**Authorization:** I hereby authorize the Iowa Judicial Branch and/or the Iowa Division of Criminal Investigation (DCI) to obtain any and all records pertaining to me that are retained by the Department of Revenue, the Department of Motor Vehicles, law enforcement agencies, past and present employers, educational institutions, military services, business associates, personal acquaintances, any city, state, county, or federal courts, and any professional disciplinary entity. I also give permission for the DCI to conduct a criminal history record check, and I have signed a separate Credit History Disclosure Authorization and Consent Form (attached) to authorize the Iowa Department of Public Safety (DPS) to investigate my credit history. Any criminal and credit history data concerning me may be released as allowed by law, including any deferred judgment information. I agree that information gathered as part of this background check may be shared with the appointing commission(s) and district court judges of this judicial district should I be nominated to serve as a judicial magistrate.

I release from all liability all persons, companies, schools supplying such information. I indemnify the Iowa Judicial Branch against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation.

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|  | Full legal name: |  |
|  | Other name(s) used: |  |
|  | Residence address: |  |
|  | City, State, Zip Code: |  |
|  | Social Security Number: |  |
|  | Driver’s License Number: |  |
|  | Birth Date: |  |
| I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release. | | |

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| --- | --- |
| Signature: |  |
| Date: |  |