



## **RIGHT TO REVIEW PERSONAL CRIMINAL HISTORY INFORMATION**

**Compeer of the Mohawk Valley, Inc.**  
Provider ID : 28390  
1518 Genesee St. Utica, NY 13502  
Ph: (315) 735-1066  
Fax: (315) 735-3390

Bureau of Criminal History Information  
NYS Office of Mental Health  
44 Holland Avenue  
Albany, NY 12229  
Phone: (518) 402-4723  
E-mail: [BCHI@OMH.STATE.NY.US](mailto:BCHI@OMH.STATE.NY.US)

Criminal History Information  
Tracking System  
(CHITS)

This form outlines the process by which prospective employees, volunteers or natural person operators can request a copy of their criminal history maintained by the Division of Criminal Justice Services for their own review..

In accordance with regulations of the New York State Division of Criminal Justice Services (DCJS) at 9 NYCRR Part 6050, you (or your attorney, if authorized in writing) have the right to obtain a copy of all criminal history information maintained on file at DCJS pertaining to you, or to seek a response indicating that there is no criminal history information on file about you. You also have the right to challenge your own record.

If you wish to obtain your criminal history information and/or if you believe there are errors on your criminal history which you seek to challenge, you can obtain your personal criminal history record by requesting a Record Review Packet from DCJS. There is no fee for the Record Review Packet, and you can request it by e-mail, regular mail or phone. After you receive your packet, follow the directions for completing and submitting the Request for Record Review form. At this point you will be required to submit a fingerprint card and a fee of \$50 to cover associated costs. You can request the Record Review Packet as follows:

### **By E-mail:**

Provide your complete name and mailing address in order to receive a packet. A sample format of the Email request would be:

To: [RecordReview@dcjs.state.ny.us](mailto:RecordReview@dcjs.state.ny.us)  
Subject: Record Review Packet Request  
Message: Please send a copy of the Record Review Packet to me at the address provided. My mailing address is:

JOHN Q PUBLIC  
APT 4  
12345 MAIN STREET  
MYTOWN NY 12345

### **By Regular Mail:**

RECORD REVIEW UNIT  
NEW YORK STATE DIVISION OF CRIMINAL JUSTICE SERVICES  
4 TOWER PLACE  
ALBANY NY 12203-3764

By Phone: 518-485-7675



Bureau of Criminal History Information  
 NYS Office of Mental Health  
 44 Holland Avenue  
 Albany, NY 12229  
 (Tele. No.): \_\_\_\_\_  
 (E-mail Address) \_\_\_\_\_

**Applicant Consent Form  
 for Fingerprinting and  
 Criminal History Information  
 Records Search**

**Criminal History Information  
 Tracking System  
 (CHITS)**

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**Part 1. Applicant Information**

<b>Last Name:</b>		<b>First Name:</b>		<b>M.I.</b>	<b>Position:</b>
<b>Mailing Address:</b>				<b>Applicant Type:</b>	
<b>Street:</b>					
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Daytime Phone #:</b>	<b>Evening Phone #:</b>	

Home Address (If different than Mailing Address):

Street:

<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**Part 2. Attestation**

- I understand that (provider name) is authorized and required by law to request a check of any criminal history information about me that the New York State Division of Criminal Justice Services might have. I also understand that the New York State Office of Mental Health is authorized by law to review this information and to provide (provider name) with the results of its review in accordance with Section 845-b of the Executive Law.
- I have been informed of the procedures and my rights to obtain, review, and seek correction of my criminal history information pursuant to regulations and procedures established by the New York State Division of Criminal Justice Services.
- I understand that I have the right to withdraw my application for employment or volunteer services, without prejudice, any time before employment or volunteer service is offered or declined, regardless of whether a prospective employer or I have reviewed my criminal history information.
- I have been advised that the criminal history record forwarded to the New York State Office of Mental Health by the New York State Division of Criminal Justice Services shall be confidential pursuant to the applicable federal and state laws, rules and regulations and shall only be disclosed to persons authorized by law.
- I certify to the best of my knowledge and belief that I (check as appropriate):
  - Have  Have not been convicted of a crime in New York State or any other jurisdiction.
  - Do  Do not have any pending felony or misdemeanor charges.
 If you have checked either Have and/or Do please provide a brief explanation. (Optional)
- My current mailing and/or home address is indicated in Part 1 of this form.
- I have read this form and hereby authorize and consent to the request by (provider name) to use my fingerprints to obtain my criminal history record, if any, from the New York State Division of Criminal Justice Services. I declare and affirm that the fingerprints to be submitted are my own, and that the information that I have provided to facilitate this request for criminal history information and this consent form is true, complete and accurate. I further authorize the New York State Office of Mental Health to obtain and review my criminal history information, if any, from the New York State Division of Criminal Justice Services, as well as any criminal records, including arrests, charges and dispositions as part of their background investigation of my suitability for employment volunteer services or for a license as a provider of services.

Applicant Signature:

Date:

**Part 3. Authorized Person Information:**

<b>Name:</b>	<b>Title:</b>	<b>OMH User ID:</b>



# FINGERPRINT INFORMATION COLLECTION FORM

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## Criminal History Information Tracking System (CHITS)

This form collects information necessary to facilitate the processing of fingerprints in order to obtain criminal history information from the Division of Criminal Justice Services in accordance with NYS Mental Hygiene Law Section 31.35 and NYS Executive Law Section 845-b. The information obtained shall be used strictly for this purpose and shall not be utilized by the provider of services for any other purpose.

**Instructions** Please print entries or check the appropriate box with an "X".  
 Verify that all information listed below is accurate and complete.  
 Sign and date where indicated.

**Part 1. Applicant Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: Zip: \_\_\_\_\_

Street:

**Mailing Address** (If different than home address): \_\_\_\_\_ City: \_\_\_\_\_ State: Zip: \_\_\_\_\_

Street:

Maiden Name/Alias: \_\_\_\_\_ Applicant Type: \_\_\_\_\_ Position: \_\_\_\_\_

Employee  Volunteer  Operator

Date of Birth (month/day/year) \_\_\_\_\_ State/Place of Birth (Country if not United States): \_\_\_\_\_

Citizenship: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: \_\_\_\_\_  
 ft. in. lbs.  Female  Male

**Race:** (select one) \_\_\_\_\_ **Hair Color** (select one) \_\_\_\_\_ **Eye Color:** (select one) \_\_\_\_\_

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Bald    | <input type="checkbox"/> Black         |
| <input type="checkbox"/> Asian/Pacific Islander         | <input type="checkbox"/> Black   | <input type="checkbox"/> Blue          |
| <input type="checkbox"/> Black                          | <input type="checkbox"/> Blonde  | <input type="checkbox"/> Brown         |
| <input type="checkbox"/> White                          | <input type="checkbox"/> Brown   | <input type="checkbox"/> Gray          |
| <input type="checkbox"/> Other                          | <input type="checkbox"/> Gray    | <input type="checkbox"/> Green         |
| <input type="checkbox"/> Unknown                        | <input type="checkbox"/> Red     | <input type="checkbox"/> Hazel         |
|   | <input type="checkbox"/> Sandy   | <input type="checkbox"/> Maroon        |
|   | <input type="checkbox"/> White   | <input type="checkbox"/> Pink          |
|   | <input type="checkbox"/> Other   | <input type="checkbox"/> Multi-Colored |
|   | <input type="checkbox"/> Unknown | <input type="checkbox"/> Other         |
|   |                                  | <input type="checkbox"/> Unknown       |

**Part 2. Signature**

Signature of Job Applicant: \_\_\_\_\_ Date: \_\_\_\_\_