



KENTUCKY BOARD OF NURSING LICENSURE KENTUCKY CRIMINAL BACKGROUND REQUEST FORM

To the Applicant

The process to obtain information from the CourtNet Disposition System is as follows:

- Type or print using black ink.
- Enclose a \$15 check or money order (payable to the Kentucky State Treasurer) with the completed form.
- FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.

Submit the completed form to:

ADMINISTRATIVE OFFICE OF THE COURTS
PRETRIAL SERVICES RECORDS DIVISION
100 MILLCREEK PARK
FRANKFORT, KY 40601

Kentucky Criminal Background Request Form

<div style="display: flex; justify-content: space-between;"> — — </div>	<div style="display: flex; justify-content: space-between;"> / / </div>
Social Security # (print clearly)	Date of Birth (mm-dd-yyyy)

Current Last Name (print clearly)

First Name (print clearly)

Maiden and/or Alias Names (print clearly)

Maiden and/or Alias Names (print clearly)

Street Address / PO Box (print clearly)

City (print clearly)	State	Zip Code (print clearly)
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I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS.523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees – if applicable.

Your signature authorizes AOC to send a copy of your complete criminal history report to the Kentucky Board of Nursing.

For AOC: Return the criminal history report to:
Kentucky Board of Nursing
Attn: Rachel Williamson
Licensure Branch
312 Whittington Parkway, Suite 300
Louisville, KY 40222
(502) 429-3334

Signature

<div style="display: flex; justify-content: space-between;"> / / </div>	<div style="display: flex; justify-content: space-between;"> / / </div>
Date (mm-dd-yyyy)	