

## Disclosure Statement Regarding Criminal Conviction

Please complete one form for each conviction, regardless of when the crime was committed or whether it was a withheld judgement or suspended sentence. All fields must be completed. If the question does not apply, please write NA in the box.

FAILURE TO REPORT A CONVICTION IS CONSIDERED FALSIFICATION OF THE APPLICATION AND MAY RESULT IN THE DENIAL OF LICENSURE.

**You will need to also submit copies of the official court documents and probation/parole documents.**

Applicant Name:				
Maiden Name/Aliases:				
Are you listed on the Idaho Sex Offender Registry?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Conviction Date:		Court Case or Docket Number:		
Court Name and Location:		Crime:		
Sentence: (Please describe any punishment imposed by the court.)				
Incarceration Date		Release Date:		
Probation/Parole Date:		Release Date:		
Probation/Parole Officer's Contact Information				
Fines (amount) \$		Paid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Restitution (amount) \$		Paid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please provide a brief description of the crime: (Provide additional details on an attached additional pages as needed.)				
Rehabilitation Efforts: (What positive changes have you made in your life since this conviction? Please attach documentation to support the rehabilitation efforts.)				
Signature _____		Date _____		
I do hereby swear and attest that the information provided on this form is true and correct to the best of my knowledge.				
<b>For Official IDOPL Use Only</b>				