

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.			
For Official IDOPL Use Only			