Department of Health & Human Services
DHHS
NEBRASKA

Nebraska Department of Health and Human Services

FELONY/MISDEMEANOR STATEMENT

Children's Services Licensing Program

INSTRUCTIONS: This form must be completed by the applicant/licensee and each staff member and each household member that is 19 years of age or older. All felonies, misdemeanors and infractions must be reported regardless of age of the individual at the time of the incident or contact by law enforcement. **Minor** traffic violations do not need to be reported. Law enforcement contact means that an arrest occurred or a citation/ticket was issued by a police officer. Staff member includes substitutes, volunteers, primary providers, secondary providers, director, co-director, teacher, any individual who counts in the staff-child ratio, and any individual who may have contact with children, i.e., cook, driver, staff or volunteer. Having a conviction does not necessarily prevent you from obtaining a license.

Have you ever:

		Yes	No
1.	Been arrested or cited by any law enforcement officer (includes local, county, state or federal)?	☐	☐
2.	Been arrested or cited by any law enforcement officer in another state?	☐	☐
3.	Been arrested or cited but charges were dismissed or not filed?	☐	☐
4.	Been charged with committing any misdemeanor crime?	☐	☐
5.	Been charged with committing any felony crime?	☐	☐
6.	Been convicted, pled guilty or pled no contest to any felony and/or misdemeanor crime?	☐	☐
7.	Been convicted, pled guilty or pled no contest to a crime against children?	☐	☐
8.	Been on a suspended sentence, such as diversion, probation or parole?	☐	☐
9.	Been in jail or prison?	☐	☐
10.	Been charged with any crime that is sexual in nature?	☐	☐

If you answered "yes" to any of the above questions, you must complete the following table *(if you need more space, please use an additional form)*. Law enforcement records may be obtained in order to determine the accuracy of your answers.

Incident Date mm/dd/yy	Description of Charge	Felony, Misdemeanor or Infraction	County and State	Outcome/Disposition (i.e., jail, fine, probation, dismissed, diversion, etc.)

To the best of my knowledge, the information provided above is true and accurate. I understand that failure to accurately report may result in negative or disciplinary action as determined by the Department.

Signature | Date of Birth | Relationship to Facility

Printed Name | Other Names Used (previous married, maiden, alias, nicknames) (If no other names have been used, indicate "none")

Name of Facility/Provider | Telephone Number | Date

Distribution: WHITE - Central Office; CANARY - Children's Services Licensing; PINK: Provider/Applicant

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