

Information for Background Checks for Juvenile Guardianships

North Dakota Century Code (NDCC) Title 27, chapter 27-20.1 requires the court to review criminal history reports as defined in NDCC 50-11.3. That statute requires that all adults living in the household have a background check that includes fingerprinting.

- Emergency guardianship appointments may be made before the background checks have been completed, if the judge so determines.
- In addition to background checks, the court may ask new guardians to view the training video for guardianships of minors at: guardianship.ndcourts.gov/.
- You will need to provide forms and information for each state that you have lived in for the past five years.

Criminal Background Check Unit:

Statute mandates that the ND Department of Human Services (DHS) submit all requests for the background report to the Bureau of Criminal Investigation. The Criminal Background Check Unit (CBCU) manages this process:

Criminal Background Check Unit
ND Dept of Health and Human Services
600 E Boulevard Ave, Dept 325
Bismarck ND 58505-0250
dhscfscbc@nd.gov
701-328-7575
hhs.nd.gov/providers/criminal-background-checks/guardianship

Contact the CBCU with questions, and to find out how much the fees will be – costs may vary for each case. Additional fees may be assessed by other states, tribal court, or child welfare agencies. **Contact the CBCU to find out how much your fees will be before sending in your payment.** All fees must be paid with a **check or money order payable to ND Department of Human Services.** (Note: in some situations, you may not be responsible for the fees.)

The CBCU will work with you on gathering the required forms, collecting payment, and submitting information to obtain the background check results. The CBCU will email the results to you and to juvenile court. See their website for fillable forms, FAQs, and other information.

Forms for the Background Check:

Three forms are required for fingerprint-based criminal background checks for individuals seeking to be appointed a legal guardian for a minor, and for all adults living in the home. Fillable forms are available at the CBCU link above - read the instructions carefully!

- SFN 829 Personal Authorization for Criminal History Record: this form **MUST BE TYPED.**

- SFN 60688 Criminal History Record Request: this form **MUST BE TYPED**, except that the signature must be **HANDWRITTEN**. The agency that performs the fingerprinting will provide the “Process Control Number” (PCN) for this form.
- SFN 836 Fingerprint Identity Verification: print the **BLANK** form – it will be completed by the agency doing the fingerprinting. They will assign a PCN.

To Get Information from Other States:

If you have lived outside of North Dakota in the **past five years**, you will need to share additional information with the CBCU:

- Complete additional out-of-state authorization forms for each state you have lived in; the CBCU site has links to other states’ forms.
- Provide a paper copy of a valid photo ID or your social security card.
- Provide an extra set of fingerprint cards obtained from an authorized fingerprinting agency.
- These forms must be mailed to the CBCU office – **DO NOT send anything directly to other states.**

Where to get fingerprinted:

Human Service Centers. There are human service centers located in 8 regions throughout the state: <https://www.hhs.nd.gov/human-service/zones>.

- You must schedule an appointment.
- Bring all your completed authorization forms, including out-of-state forms, and the blank Fingerprint Identity Verification Form (SFN 836.)
- Bring a valid government issued photo ID. **If you do not have a valid photo ID, you will not be fingerprinted.**
- No extra fingerprinting fee.
- The Human Service Center will forward all of the documents to DHS.

Law enforcement agencies, or other agency authorized to conduct fingerprinting. Contact the agency for days and times they do fingerprinting, and at what cost - these agencies may charge an additional fee for the fingerprinting process.

- Bring a blank Fingerprint Identity Verification Form (SFN 836) to be completed by the official that rolls your prints.
- You must bring a valid government-issued photo ID. **If you do not have a valid photo ID, you will not be fingerprinted.**
- Ink-rolled fingerprints **MUST** be sealed in an envelope by the official that rolled your prints **BEFORE** giving you the print cards.
- You are responsible for mailing all your forms, including out-of-state forms, and fingerprints to the Criminal Background Check Unit in Bismarck.



PERSONAL AUTHORIZATION FOR CRIMINAL HISTORY RECORD INFORMATION INQUIRY
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CRIMINAL BACKGROUND CHECK UNIT
 SFN 829 (9-2022)

Legal Authority: NDCC 50-11 (Foster Care Services), NDCC 50-11.3-01 (Legal Guardianship), NDCC 50-12 (Adoption and LCPA), NDCC 50-11.1 (Early Childhood Services) all provide for a fingerprint based criminal history background check.

Today's Date	THIS FORM MUST BE TYPED. HANDWRITTEN AND/OR INCOMPLETE FORMS WILL BE REJECTED.		
Requesting Agency or Human Service Zone		County	
Contact Person	Telephone Number	Email Address	

Reason for Background Check					
<input type="checkbox"/> Adoption	<input type="checkbox"/> Child Care	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Relative Care	<input type="checkbox"/> QRTP	<input type="checkbox"/> PRTF
<input type="checkbox"/> Home Assessment Update	<input type="checkbox"/> TANF Kinship Care	<input type="checkbox"/> Guardianship	<input type="checkbox"/> SILP	<input type="checkbox"/> LCPA Employment	

FOR CHILD CARE BACKGROUND CHECK ONLY				
Name of Child Care Program		Contact Person	Home Address	
Physical Street Address (no PO Box)		City	State	ZIP Code
				Telephone Number

APPLICANT INFORMATION				
Full Legal LAST Name	FIRST Name	FULL Middle Name	<input type="checkbox"/> None <input type="checkbox"/> Initial Only	*Social Security Number
Maiden/Birth Name	<input type="checkbox"/> Same as Above			Date of Birth
Other Married (Last) Names, All Names		<input type="checkbox"/> If None Check Here		
		Email Address (must be the applicant's)		
Mailing Address	City	State	ZIP Code	Telephone Number

READ THE FOLLOWING STATEMENTS CAREFULLY AND CHECK ONE BOX FOR EACH QUESTION

1. I have lived in North Dakota at ALL times in the past five years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. I have been the subject of a child abuse/neglect report(s) in any state.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I have been convicted of a criminal offense in any state, federal, or tribal court.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered YES to question 2 or 3 above, provide a brief description of the event(s) including the date(s), city/state(s), and required service(s) or sentence(s):

Provide address history for the past 5 years, beginning with your current physical address. (Example: If it is currently 06/2020, you must provide addresses back through at least 06/2015)

Current Physical Address	From (mm/yyyy)	To (mm/yyyy)
Street Address	City	County
		State



CRIMINAL HISTORY RECORD CHECK REQUEST
PURSUANT TO NDCC 12-60-24
 OFFICE OF ATTORNEY GENERAL
 BUREAU OF CRIMINAL INVESTIGATION
 SFN 60688 (09-2019)

FOR BCI USE ONLY	
Check Number	
Amount	
Receipt Number	
Receipt Date	
SID	

INSTRUCTIONS

1. Please type or print legibly and ensure that all information is complete. Incomplete or illegible requests will be returned.
2. If requesting Federal Bureau of Investigation (FBI) check, attach two (2) completed fingerprint cards containing the fingerprints of the subject of the record check and remit appropriate fees.

TO BE COMPLETED BY AGENCY

Mail to Attention of Criminal Background Check Unit	Telephone Number (701) 228-7575	
Agency Name ND Department of Health & Human Services	Originating Agency Identifier (ORI) ND920140Z Guardianship	
Address 600 E Blvd Ave, Dept 325	Email Address dhscfscbc@nd.gov	
City Bismarck	State ND	ZIP Code 58505-0233
Comments/Miscellaneous NDCC 50-11.3; NDCC 12-60-24; PL 92-544		

AGENCY USE ONLY

Please Check One and Remit Appropriate Fees

Record Checks for Employees/Others

- ND only, remit \$15.00
- FBI only, remit \$26.25
- ND and FBI, remit \$41.25

Record Checks for Volunteers

- ND only, remit \$15.00
- FBI only, remit \$24.25
- ND and FBI, remit \$39.25

Process Control Number (PCN)

TO BE COMPLETED BY SUBJECT OF RECORD CHECK

Last Name	First Name (no initials)	Middle Name
Last Name(s) (AKA/Maiden/Former)	First Name	Middle Name
Date of Birth	Social Security Number	
Current Address		
City	State	ZIP Code

Your fingerprints will be used to check the criminal history records of the FBI in accordance with Title 28 CFR 50.12. You have the opportunity to review or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.

I understand the Applicant Rights provided on the following page and hereby authorize the North Dakota Bureau of Criminal Investigation to release my state and FBI criminal history records to the requester listed above.

A photocopy of this signed release shall have the same force and effect as the original release.

Signature	Date
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Your social security number is requested to permit the North Dakota Bureau of Criminal Investigation to conduct a criminal history record check under N.D.C.C. § 12-60-16.6. Disclosure of your social security number is voluntary, however, if you choose not to disclose it, you will be required to provide alternative information or documentation, which may delay the criminal history record check.

This is an example of the first page of SFN 60688. Don't handwrite on this page. Click on the link on Page 2 to complete and print SFN 60688.



FINGERPRINT IDENTITY VERIFICATION
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CRIMINAL BACKGROUND CHECK UNIT
 SFN 836 (9-2022)

Clear Fields

Attention Fingerprint Official:

Please follow the instructions below for fingerprinting this applicant.

1. Please ensure the applicant has completed ALL required boxes on the fingerprint card prior to rolling their fingerprints.
2. Request a valid government issued photo ID (i.e. driver license, passport, tribal, or military ID). If applicant does not present a valid photo ID, they **CANNOT** be printed. (Exception: students - a current school ID can be used along with their birth certificate and their social security card.)
3. Place completed fingerprint cards with this form into an envelope and seal it. Sign and date the seal. Return sealed envelope to the applicant. **Note: To ensure proper chain of custody, do not give print cards to applicant without first sealing them inside the envelope.**

Complete the information in the boxes below. **PRINT** clearly.

PCN		Name of Subject (Last, First, Middle)	
Type of Valid Photo ID Provided (check one)			
<input type="checkbox"/> Driver's License	<input type="checkbox"/> State	<input type="checkbox"/> Military ID	
<input type="checkbox"/> Passport	<input type="checkbox"/> Tribal	<input type="checkbox"/> Current School Photo ID with Birth Certificate and Social Security Card	
Name of Fingerprint Official		Name of Fingerprint Official's Agency	
Signature of Fingerprint Official			Date

**This is an example of SFN 836.
 Don't handwrite on this page!
 Click on the link on Page 2 to find SFN 836.**