NSP ID Card Background Checklist

Approved	☐	_____ Initials
Denied	☐	_____ initials

Name of Applicant: _____

☒ *Checked shaded box results in denial by policy. Approval of FUM required for exception to policy.*

Section 1: To be Used for All Applicants

Yes	No	
☐	☐	U.S. citizen, legal resident, valid visa?
☐	☐	18 years old or older?
☐	☐	Outstanding warrants or pending criminal charges?
☐	☐	Misdemeanor convictions in past 2 years?
☐	☐	Felony convictions/incarcerations in the past 3 years?
☐	☐	Convictions of introduction or supplying contraband?
☐	☐	Convictions of control or delivery of explosive device or substance?
☐	☐	Convictions of escape or unlawful departure, or of assisting an inmate in this?
☐	☐	Is a victim? (Must give name of offender. May not serve at facility where that AIC is located. If yes, note offender and facility in comments section.)
☐	☐	Is on AIC visiting list? (Must be immediate family member and may not volunteer where family member is located. Note relationship in comments section.)
☐	☐	Has any relationship with any inmate? (If yes, explain in comments section.)

Section 2: To be Used for Applicants with History of Parole or Probation Supervision

Yes	No	
☐	☐	Under supervision? If yes, then:
☐	☐	• Meets the above criteria?
☐	☐	• Has any violation in the past 2 years?
☐	☐	• Has been granted approval of P.O.?
		NOTE: If denied, note reason why: ☐ Supervision sanctions noted ☐ P.O. chronos indicate negative adjustment ☐ Unsuccessful completed supervision Abscond History: Date: ☐ Sanctions: Date:

Section 3: To Be Used for Applicants with Incarceration History

Yes	No	
☐	☐	Misconduct sanction for escape or unauthorized departure, including attempt or conspiracy, or of assisting an inmate in this?
		NOTE: If meet the above criteria and still denied, note reason why: ☐ Institution chronos indicate negative adjustment ☐ Program/Work concerns ☐ Conduct: Serious (escape, assault I, etc.) Misconduct History: Date:

Comments:

Attach any supporting documentation to show reasons for denial. (***DO NOT attach LEDS*:** Note in comments section if LEDS check gives reason for denial.)

Completed by (signature)	Printed Name	Date
Reviewed by (signature)	Printed Name	Date