

## CRIMINAL RECORD STATEMENT

**THIS STATEMENT MUST BE COMPLETED BY ANY PERSON OVER THE AGE OF 18 WHO IS APPLYING FOR A SELF-DETERMINATION (SDP) PROGRAM CLEARANCE. PURSUANT TO WELFARE AND INSTITUTIONS CODE SECTION 4685.8(w).**

Persons associated with the SDP Program are required to be fingerprinted and disclose any conviction(s). A conviction is any plea of guilty or nolo contendere (no contest) or a verdict of guilty.

1. Have you ever been convicted of a crime other than a minor traffic violation? (*Misdemeanors or Felonies*) ----- YES NO
2. Have you ever been convicted of a crime and had that conviction set aside under Penal Code Sections 1203.4 and/or 1203.4a? ----- YES NO  
*Criminal convictions from another State, Federal or other countries court system are considered the same as criminal convictions in California.*
3. Have you resided in any other State or Country? ----- YES NO

Examples of convictions are:

1. It happened a long time ago
2. It was only an infraction or misdemeanor
3. You didn't have to go to court (your attorney went for you)
4. You had no jail time or the sentence was only a fine or probation
5. You received a certificate of rehabilitation
6. The conviction was later dismissed, set aside, or the sentence was suspended

— If you answered NO to all questions above, complete below and return this page.

— If you answered YES to question 1 or 2, submit signed statement on the DS 6015.

— If you answered YES to question (3) have FBI prints submitted from form BCIA 8016.

## Return all documents to your FMS Agency

NOTE: IF THE CRIMINAL BACKGROUND CHECK REVEALS ANY CONVICTION(S) THAT YOU DID NOT DISCLOSE ON THIS FORM, YOUR FAILURE TO DISCLOSE THE CONVICTION(S) COULD RESULT IN A DENIAL OF YOUR EXEMPTION REQUEST OR EXCLUSION FROM THE OPS PROGRAMS.

I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses and any accompanying attachments are true and correct.			
AGENCY NAME		REGIONAL CENTER	
YOUR NAME (PRINT CLEARLY)		DATE OF BIRTH	
YOUR ADDRESS	CITY	ZIP	
SIGNATURE	DATE		