INSTRUCTIONS FOR LEGAL NAME CHANGE FOR A MINOR OVER 16

These sample forms have been assembled for your convenience in preparing your own name change. This package is ONLY designed to cover a simple, uncontested name change. If assistance in petitioning the court for a name change is necessary, you are ENCOURAGED to contact an attorney. Our employees are PROHIBITED BY LAW from advising you regarding your legal situation or whether this package is appropriate for your situation.

- 1. The NOTICE **must** be posted on the courthouse bulletin board for at least ten (10) calendar days. If the 10th day falls on a Saturday, Sunday, or legal holiday, you must allow the NOTICE to remain posted until 5:00 p.m. the following business day. Before posting this NOTICE, you must have it date stamped by the clerk's office.
- 2. Obtain two sets of fingerprint cards for Criminal Record Checks. These can be obtained from the Harnett Co. Sheriff's Department for a fee of \$15 (subject to change).
- 3. Obtain a Federal Criminal Record check; see attachments or visit: https://www.fbi.gov/services/cjis/identity-history-summary-checks (Results must be dated within 90 days of the filing of the Petition.)
- 4. Obtain a NC Criminal History Record, see attachments or visit: https://www.ncdps.gov/document/sbi-background-check-right-review (Results must be dated within 90 days of the filing of the Petition.)
- 5. Complete Affidavit relating to residency, tax/child support obligations and sex offender status.
- 6. Obtain 2 (two) Affidavits of Character from persons unrelated to the minor who <u>are over 18 years of age and are residents of Harnett County</u>. These Affidavits must be signed in front of a Notary Public or they will not be accepted for filing.
- 7. After the record checks have been received and your NOTICE has been posted for at least ten (10) calendar days, you may proceed with filing your Application for Name change. You will need to bring the following information:

APPLICATION FOR MINOR NAME CHANGE
AFFIDAVITS OF CHARACTER (2 FROM HARNETT COUNTY RESIDENTS)
CERTIFIED RESULTS OF FEDERAL CRIMINAL RECORD CHECK
CERTIFIED RESULTS OF NC STATE CRIMINAL RECORD CHECK
AFFIDAVIT of: Residency, Child Support/Tax Obligation and Sex Offender Registry
CERTIFIED COPY OF BIRTH CERTIFICATE issued within three months of your petition with no pending amendments
VALID PICTURE IDENTIFICATION

Fees include \$120 filing fee and \$3 for each certified copy needed.

For Vital Records to make these amendments, you will need a \$15 money order payable to NC Vital records and complete the attached Application (http://vitalrecords.nc.gov/documents/Appl_BirthCert_GN_fill-in_20161101.pdf). If you request any of the additional options, your money order will need to cover those charges as well. Vital Records also requires photocopies of the petitioner's photo identification.

Rev: 10/04/2013

STATE OF NORTH CAROLINA	File No.	
County		ne General Court Of Justice Superior Court Division
Name Of Petitioner 1		CEEDINGS ACTION
Name Of Petitioner 2		ER SHEET
Name Of Petitloner 3	000	LIX OF ILL 1
	Rule 5(b) of the General Rul	es of Practice for the Superior and District Courts
VERSUS	Name And Address Of Attorney Or Part (complete for initial appearance or char	y, If Not Represented age of address)
Name Of Respondent 1	, , ,	- ,
мате Of Respondent 1		
Summons Submitted		
Yes No		
Name Of Respondent 2	Telephone No.	Cellular Telephone No.
Summons Submitted	NC Attorney Bar No. Attorney Email	
∐Yes ∐No		
Name Of Respondent 3	☐ Initial Appearance in Case	☐ Change of Address
Summons Submitted	Name Of Firm	Fax No.
Yes No		
,	Counsel For All Petitioners All Resp	ondents Only: (list party(ies) represented)
		<u> </u>
APPLIC	ATION ATION	等。 第12章 第12章 第12章 第12章 第12章 第12章 第12章 第12章
(check appropriate box)	Incompetency (INCM)	
Add Additional Party (ADDP)	☐ Interim Guardianship (INGU)	
Adoption (ADOP)	Land Registration - Torrens Ac	t (TORR)
Appointing Guardian Ad Litem (AGAL)	Legitimation (LGMT)	
Attorney Fees (ATFE) No Motion Fee Assessed If Sole Claim	Lis Pendens (LISP)	
Boundary Settlement (BNDR)	Minor's/Incompetent Person's	Estate - Sale/Lease/Mortgage (MIES)
Cartway (CART)	Motor Vehicle Lien G.S. Chapt	er 44A (MVLN)
Change Of Venue (CHVN)	☐ Name Change (NAME)	
Compel (CMPL)	Partition (PART)	
Condemnation - Private Condemnor/Mill (CNDM)	Petition To Sue As Indigent (O	THR)
Continue (CNTN)	Restoration To Competency (F	RTCO)
Costs (COST) No Motion Fee Assessed If Sole Claim	Sterilization (STRL)	
Decedent's Estate - Sell Land To Create Assets (PESE)	☐ To Determine Heirs (TDHE)	
Decedent's Estate - Sell Personal Property (SLPS)	Transfer Of Title (TOTL)	
Determine Owner Surplus Funds (DOSF)	☐ Voluntary Dismissal (VOLD)	
Dismiss (Involuntary) (DISM)	Year's Allowance - Spouse/Ch	ild (SSCA)
Drainage - Individual/Corporation (DRNG)	Other (specify and list each se	parately)
Drainage District - Establishment (DRDS)		
Extension Of Time (EXTM)		
Foreclosure (FORE)		
Date	Signature Of Attorney/Party	

NOTE: All filings in special proceedings shall include as the first page of the filing a cover sheet summarizing the critical elements of the filing in a format prescribed by the Administrative Office of the Courts, and the Clerk of Superior Court shall require a party to refile a filing which does not include the required cover sheet. For subsequent filings the filing party must include either a Special Proceedings (AOC-SP-550), Motion (AOC-CV-752), or Court Action (AOC-CV-753) cover sheet.

No.	Additional Petitioner(s)	· · ·
		·
		,
		·
		
	· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	
		
No.	Additional Respondent(s)	Summons Submitted
No.	Additional Respondent(s)	Summons Submitted
No.	Additional Respondent(s)	Submitted
No.	Additional Respondent(s)	Submitted Yes No
No.	Additional Respondent(s)	Submitted Yes No Yes No
No.	Additional Respondent(s)	Submitted Yes No Yes No
No.	Additional Respondent(s)	Submitted Yes No Yes No Yes No Yes No
No.		Submitted Yes No Yes No Yes No Yes No Yes No
No.		Submitted Yes No Yes No Yes No Yes No Yes No Yes No
No.		Submitted Yes No
No.		Submitted Yes No
No.		Submitted Yes No
No.		Submitted Yes No Yes No

COUNTY OF HARNETT

IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION Before the Clerk of Superior Court

IN RE: CHAN	IGE OF NAME)		
FROM:	<u> </u>			
	(Minor's current name)	·)	NOTICE	•
то.	•	į		
TO:	(Minor's desired name)	;		
NOW COME	the undersigned,		and	, resident(s)
of	County, residing at			
	natural parents of		, the above named	
notice of his/h	er intention to file in the Office	of the Clerk of	of Superior Court of	County, North
Carolina, ten (10) days after the date of this not	tice, a Petition	that the Court issue an Order cha	nging the minor child's
name from	(Minor's current name)		to(Minor's desire	•
	(Minor's current name)		, (Minor's desire	d name)
	,			
This the	day of	, 20	•	
	<u> </u>		-	
	•			
	•		Petitioner (1) signature	
			Totalonor (1) signaturo	
			Address:	
			<u> </u>	
			•	
			Petitioner (2) signature	
			Address:	

Rev: 10/04/2013

COUNTY OF HARNETT

IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION Before the Clerk of Superior Court

NRE: C	CHANGE OF NAME)	
ROM:		A DONO A NUMBER OF CITA DA COMED
	(Minor's current name))	AFFIDAVIT OF CHARACTER
O:	(Minor's desired name)	
	(Marion Succincumation)	
he unders	signed, being first duly sworn, deposes and says:	
1.	I am a resident of HARNETT County, North Carolina	a, and over eighteen (18) years of age.
2.	I am not related to the Petitioner either by blood or m	arriage.
3.	I have known the above named minor for	years. I personally know him/her to be a person of good erson with good character and good standing in the community.
This t	he, day of,	
		
		SIGNATURE
		(Affiant's name)
	•	(Affiant's address)
		(Affiant's City, State, and Zip Code
Sworn	n to and subscribed before me this the day of	<u> </u>
		,
Notar	y Public	
My Co	ommission Expires:	
	(cool)	
	(seal)	

COUNTY OF HARNETT

(seal)

IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION Before the Clerk of Superior Court

	HANGE OF NAME)	
ROM:	(Minor's current name)	A FEDERA A VIEW OVER CITE A DIA CIPPER
_	(Minor's current name))	AFFIDAVIT OF CHARACTER
) :	(Minor's desired name)	
ie unders	signed, being first duly sworn, deposes and says:	
4.	I am a resident of HARNETT County, North Caroli	na, and over eighteen (18) years of age.
5.	I am not related to the Petitioner either by blood or	marriage.
6.``	I have known the above named minor for character and know that he/she has a reputation as a	years. I personally know him/her to be a person of good person with good character and good standing in the community.
This th	ne day of	<u>. </u>
		·
		SIGNATURE
		·
•	1	(Affiant's name)
•	•	(Affiant's address)
•	•	,
Sworn	to and subscribed before me this the day of _	(Affiant's address) (Affiant's City, State, and Zip Code

Rev: 10/04/2013

IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION Before the Clerk of Superior Court

COUNTY OF	Before the Clerk of Superior Court
IN RE: CHANGE OF NAME) }
FROM:	,
(Minor's current name)) AFFIDAVIT
TO:)
TO:((Minor's desired name))
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
. The undersigned, being first duly sworn, deposes and says:	
1 The above named minor is a resident of and cur	rrently domiciled in HARNETT County, North Carolina.
2 The above named minor currently does	
,	• -
3 The above named minor currently does	does not have outstanding child support obligations.
4 The above named minor currently ☐ is ☐ is n	not required to register as a sex offender.
	,
This the day of	·••
,	
Petitioner (1) Signature	Petitioner (2) Signature
· ·	Totalonor (2) digitatare
	·
Address	Address
	•
Phone Number	Phone Number
Subscribed and sworn before me this the	Subscribed and sworn before me this the
day of,	day of
Notary Public	Notary Public
My Commission Expires:	My Commission Expires:

IN THE GENERAL COURT OF JUSTICE SUPERIOR COURT DIVISION **Before the Clerk of Superior Court**

COUNTY	OF	HARNETT
COUNT	OI.	

IN RE:	CHANGE OF NAME)
FROM	:(Minor's current name)) PETITION FOR LEGAL NAME CHANGE
TO:	(Minor's current name)) OF A MINOR 16 and OVER
10.	(Minor's desired name)	_
	COME the undersigned,	and, and ued changing the name of the above-named Minor and, to that end,
1.		County, North Carolina; and is/are the natural, the above-named Minor. Petitioner(s) reside at
	NC, and can be contacted at	() - or()
2.	That the name of said Minor as shown on hi	s/her birth certificate is
3.	That the above named minor was born on, and the nam	in County, State of ne(s) of his/her parent(s) as shown on his/her birth certificate are:
	FATHER:	
4.	A valid certified copy of the birth certificate the minor's birth certificate.	e is attached as an exhibit and there are no pending amendments to
5.	That the Petitioner(s) desire and consent to o	change their child's name for the following reason:
6.	That the name of the above-named Minor ha	as not previously been changed by law.
7.	That the above named Minor is 16 years of proof of good character as provided by N.C.	f age or over and under 18 years of age and is required to provide Gen. Stat. §101-4
		ray the Court enter an Order changing the name of from
	ne Petitioner(s), being first duly sworn, hereb h therein are true to the best of my/our knowl	y state that I/we have read the foregoing Petition and that the facts edge and belief.
This th	eday of	•
Mother'	's Signature	Father's Signature
	ribed and sworn before me this the	Subscribed and sworn before me this the
_	y Public	Notary Public
Му С	Commission Expires:	My Commission Expires:
		14/2013



Home • About Us • CJIS • Identity History Summary Checks

On September 7, 2014, CJIS installed a new IT system. As a result of this installation, we are experiencing delays in processing. Please be assured that each issue is being identified and resolved as quickly as possible, but at this time anticipated processing time for an Identity History Summary is approximately 11-13 weeks. Allow additional time for mail delivery.

An Identity History Summary—often referred to as a criminal history record or a "rap sheet"—is a listing of certain information taken from fingerprint submissions retained by the FBI in connection with arrests and, in some instances, federal employment, naturalization, or military service.

If the fingerprints are related to an arrest, the Identity History Summary includes name of the agency that submitted the fingerprints to the FBI, the date of the arrest, the arrest charge, and the disposition of the arrest, if known to the FBI. All arrest data included in an Identity History Summary is obtained from fingerprint submissions, disposition reports, and other information submitted by agencies having criminal justice responsibilities.

The **U.S.** Department of Justice Order 556-73 establishes rules and regulations for the subject of an Identity History Summary to obtain a copy of his or her own record for review. The FBI's Criminal Justice Information Services (CJIS) Division processes these requests.

Who May Request a Copy of an Identity History Summary (or Proof That an Identity History Summary Does Not Exist)

Only you can request a copy of your own Identity History Summary.

Individuals typically make this request for personal review, to challenge the information on record, to satisfy a requirement for adopting a child in the United States or internationally, or to satisfy a requirement to live, work, or travel in a foreign country (i.e., police certificate, letter of good conduct, Identity History Summary check, etc.).

Background Checks for Employment or Licensing

If you are requesting a background check for employment or licensing within the U.S., you may be required by state statute or federal law to submit your request through your state identification bureau, the requesting federal agency, or another authorized channeling agency. You should contact the agency requiring the background check or the appropriate state identification bureau (or state police) for the correct procedures to follow for obtaining an FBI fingerprint background check for employment or licensing purposes.

How to Request a Copy of Your Identity History Summary

The FBI offers two methods for requesting your Identity History Summary or proof that one does not exist.

Option 1: Submit your request directly to the FBI.

Option 2: Submit to an FBI-approved Channeler, which is a private business that has contracted with the FBI to receive the fingerprint submission and relevant data, collect the associated fee(s), electronically forward the fingerprint submission with the necessary information to the FBI CJIS Division for a national Identity History Summary check, and receive the electronic summary check result for dissemination to the individual. Contact each Channeler for processing times.

For additional help in requesting a copy, challenging, or just checking on the status of an Identity History Summary Check, please contact the CJIS Division, Clarksburg, West Virginia at at 304-625-5590.

Note: If an authentication (apostille) is needed, please contact the Channeler to determine if this service is provided.

What Happens Next

If we find no Identity History Summary on file, you will receive a response indicating that you have no prior arrest data on file at the FBI. If you do have an Identity History Summary on file, you will receive your Identity History Summary or "rap sheet."

Note: If the last four digits of your social security number is needed on your response letter, then please ensure your full nine-digit social security number is on the fingerprint card when submitting your request.

For More Information

See the responses to some frequently asked questions

Forms and Links

Identity History Summary Checks Home

FD-258 Fingerprint Card

FBI Option

- Address Change Request Form
- Applicant Information Form
- Background Check for Employment/Licensing
- Challenge of an Identity History Summary
- Identity History Summary Request Checklist
- Credit Card Payment Form
- Frequently Asked Questions
- State Identification Bureau Listing
- State-Maintained Records Listing
- U.S. Department of Justice Order 556-73

Channeler Option

- Background Check for Employment/Licensing
- Challenge of an Identity History Summary
- FBI-Approved Channelers | List
- Frequently Asked Questions
- State Identification Bureau Listing
- State-Maintained Records Listing
- U.S. Department of Justice Order 556-73

For Law Enforcement Only

- Certified Copies of Fingerprint & Identity History Summaries

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taentification Record Requesi/Criminal Background Check

Home • About Us • CJIS • Identity History Summary Checks • Submitting an Identity History Summary to the FBI

Submitting an Identity History Summary Request to the FBI

Step 1: Complete the Applicant Information Form.

- . If the request is for a couple, family, etc., all persons must sign the form.
- Include your complete mailing address. Please provide your telephone number and/or e-mail address, if available.

Note: Due to automation of the mail process, tentatively scheduled for January 12, 2015, the FBI will no longer provide Identity History Summary results on blue security paper. All responses will be processed on standard white paper. Additionally, the FBI will no longer accept return self-addressed envelopes with Departmental Order requests. This includes pre-paid Priority Mail, FedEx account numbers, United Parcel Service, etc., foreign postage coupons, and requests to forward correspondence to the Department of State for the apostille process. Envelopes received will be destroyed. The FBI will return all results, both foreign and domestic, by First-Class Mail via the U.S. Postal Service. Thank you for your patience as we try to streamline our processes to improve our service to you.

Step 2: Obtain a set of your fingerprints.

- Provide the original fingerprint card. Previously processed cards or copies will not be accepted.
- Your name and date of birth must be provided on the fingerprint card. Fingerprints should be
 placed on a standard fingerprint form (FD-258) commonly used for applicant or law
 enforcement purposes. The FBI will accept FD-258 fingerprint cards on standard white paper
 stock.
- Include rolled impressions of all 10 fingerprints and impressions of all 10 fingerprints taken simultaneously (these are sometimes referred to as plain or flat impressions).
- If possible, have your fingerprints taken by a fingerprinting technician. This service may be available at a law enforcement agency.
- · Fingerprints taken with ink or via live scan are acceptable.
- To ensure the most legible prints possible, refer to the Recording Legible Fingerprints brochure. If fingerprints are not legible, the fingerprint card will be rejected. This could cause delays in processing and could also result in additional fees.

Note: The name on your response letter will match the name indicated on the fingerprint card. Also, if the last four digits of your social security number is needed on your response letter, then please ensure your full nine-digit social security number is on the fingerprint card when submitting your request.

Step 3: Submit payment.

- Option 1: Pay by credit card using the Credit Card Payment Form. Don't forget to include the
 expiration date of the credit card that you are using.
- Option 2: Obtain a money order or certified check for \$18 U.S. dollars made payable to the Treasury of the United States. Please be sure to sign where required.
- Important note: Cash, personal checks, or business checks WILL NOT be accepted and sending any of these will delay processing of your request.
- Payment must be for the exact amount.
- . If the request is for a couple, family, etc., include \$18 for each person.
- If the request is for multiple copies per person, include \$18 for each copy requested.
- . The FBI will not accept additional payment to expedite your request

Step 4: Review the Identity History Summary Request Checklist to ensure that you have included everything needed to process your request.

Step 5: Mail the required items listed above—signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars for each person or copy requested—to the following address:

FBI CJIS Division – Summary Request 1000 Custer Hollow Road Clarksburg, WV 26306

Forms and Links

Identity History Summary Checks Home

FD-258 Fingerprint Card

FBI Option

- Address Change Request Form
- Applicant Information Form
- Background Check for Employment/Licensing
- Challenge of an Identity History Summary
- Identity History Summary Request Checklist
- Credit Card Payment Form
- Frequently Asked Questions
- State Identification Bureau Listing
- State-Maintained Records Listing
- U.S. Department of Justice Order 556-73

Channeler Option

- Background Check for Employment/Licensing
- Challenge of an Identity History Summary
- FBI-Approved Channelers | List
- Frequently Asked Questions
- State Identification Bureau Listing
- State-Maintained Records Listing
- U.S. Department of Justice Order 556-73

For Law Enforcement Only

- Certified Copies of Fingerprint & Identity History Summaries

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Close

PRIVACY ACT STATEMENT

The FBI's acquisition, retention, and sharing of information submitted on this form is generally authorized under 28 USC 534 and 28 CFR 16.30-16.34. The purpose for requesting this information from you is to provide the FBI with a minimum of identifying data to permit an accurate and timely search of identity history identification records. Providing this information (including your Social Security Account Number) is voluntary; however, failure to provide the information may affect the completion of your request. The information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent pursuant to the Privacy Act of 1974 and all applicable routine uses. Under the Paperwork Reduction Act, you are not required to complete this form unless it contains a valid OMB control number. The form takes approximately 3 minutes

Applicant Information *Do		*First Name			
*Last Name Middle Name 1		Middle Name 2	2	- · · · · · · · · · ·	
*Date of Birth:	*Place of Birth:	U.S. Citizen or I	Legal Permanent	Resident:	
*Country of Citizenship:	•	of Residence:		umber (if applicable):	
*Last Four Digits of Social Se	curity Number:		<u> </u>		
*Height:		*Weight:			
*Hair (please check appropriate	box):				
Bald Black Blonde Purple Red/Auburn	/Strawberry Blue Sandy Unknown	□Brown □Gray n □White	Green E	Orange Pink	
*Eyes (please check appropria	te box):		•		
Black Blue Brown	Gray Green	Hazel Mar	oon Multico	olored Pink Unkn	iown
*Address	· · · · · · · · · · · · · · · · · · ·			. , , , , , , , , , , , , , , , , , , ,	
*City					
*Postal (Zip) Code		*Country	<u>, </u>	<u>-</u>	
Phone Number		_ E-Mail		•	
Mail Results to Address C/OAddress		ATTN			
City	 :	State			
Postal (Zip) Code				<u> </u>	
Phone Number (if different from	om above)				_ : - : :
Payment Enclosed: (please can CERTIFIED CHE	heck appropriate box) CCK MONEY	Y ORDER	CREDIT O	CARD FORM	
Reason for Request: Personal review International adop		ge information on y ork, or travel in a fo		Adoption of a child i	n the U.S.
* APPLICANT SIGNATUR	E	<u></u>	<u> </u>	DATE	

Mail the signed applicant information form, fingerprint card, and payment of \$18 U.S. dollars to the following address:

FBI CJIS Division - Summary Request 1000 Custer Hollow Road Clarksburg, West Virginia 26306

You may request a copy of your own Identity History Summary to review it or obtain a change, correction, or an update to the summary.



Right to Review Process

Instructions for Reviewing Your North Carolina Criminal History Record

SBI – Criminal Information and Identification Section 11/10/2016

This informational packet includes all the necessary documentation and requirements needed to obtain a copy of your North Carolina criminal history record. Packet also includes instruction for the local law enforcement agency to assist in this process.

RIGHT TO REVIEW PROCESS

The Right to Review Process enables you to receive a copy of your North Carolina criminal history record from the NC State Bureau of Investigation (SBI). This record check consists of a search for previous arrest(s) and associated disposition(s), if available, for which the SBI received a fingerprint card from an arresting agency in North Carolina. The process does not include any criminal history information that may be maintained at the national level or by another state.

There is a \$14.00 fee to process each request for the Right to Review. Each process is a biometric (fingerprint-based) search of the SBI's computerized criminal history file.

A complete set of legible fingerprints, including all ten fingers, is required to conduct your request. Exceptions are made for finger amputations and other deformities. If the fingerprints are of insufficient quality to conduct the search —or if the fingerprint card is not completely and accurately filled out—the fingerprint card will be returned to you. Another set of fingerprints would then be required to continue your request.

You will receive a formal response on SBI letterhead by US Mail about the findings of the Right to Review Process. If a criminal history record matches the fingerprint card you provide, a copy of that record will be attached to your SBI response letter.

Read these guidelines on the following pages to request the Right to Review Process:

- Legal Authorization for Right to Review
- Instructions for Law Enforcement Officer Taking Fingerprints
- Request Form Instructions

Requests are accepted only by US Mail. In-person direct delivery is not permitted. Results of the search are sent to you by first-class US Mail. The SBI does not use shipping alternatives such as FedEx or UPS. Upon receipt of the results, you are free to share the information with whomever you choose. However the SBI is not legally authorized to send search results to a third party.

For further questions, please call the SBI at (919) 582-8600.

LEGAL AUTHORIZATION FOR RIGHT TO REVIEW

NC Administrative Code Title 14B Chapter 18 Subchapter 18B.0404

INDIVIDUAL'S RIGHT TO REVIEW HIS OR HER OWN CRIMINAL HISTORY RECORD

(a) An individual may obtain a copy of his or her own criminal history record by submitting a written request to the NC State Bureau of Investigation, Criminal Information and Identification Section, Attention: Applicant Unit—Right to Review, Post Office Box 29500, Raleigh, NC 27626-0500.

The written request must be accompanied by a certified check <u>OR</u> money order in the amount of \$14.00 payable to the NC State Bureau of Investigation. No cash is accepted and no personal check is accepted. Written request must contain proof of identity* to include:

- 1. Complete name and address
- 2. Race
- 3. Sex
- 4. Date of birth
- 5. Social security number Optional **
- 6. Legible set of fingerprint impressions
- * Proof of identity will be required when you get fingerprinted at your local law enforcement agency.
- ** Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be only used to assist with accurate identification/exclusion of possible criminal history records.
- (b) The response shall be submitted only to the individual. Copies of the response shall not be provided to a third party.
- (c) The accuracy or completeness of an individual's record may be challenged by submiting the "Right to Review Request Criminal History Written Exception" form.
- (d) Upon receipt of the "Right to Review Request Criminal History Written Exception," the Criminal Information and Identification Section (CIIS) shall initiate an internal record audit of the challenger's record to determine its accuracy. If any potential inaccuracies or omissions are discovered, CIIS shall coordinate with the arresting agency to review the charge information previously submitted by that agency. Appropriate action shall be taken based on, in part, information provided by the arresting agency. CIIS shall inform the challenger in writing of the results of the audit.
- (e) If the audit fails to disclose any inaccuracies, or if the challenger wishes to contest the results of the audit, he or she is entitled to an administrative hearing pursuant to G.S.150B-23.

History Note: Statutory Authority G.S. §§ 114-10, 114-10.1, and 114-19.1 were recodified as G.S. §§ 143B-902 through 143B-905 effective July 1, 2014 by Session Law 2014-100. North Carolina Administrative Code 12 NCAC 04I.0404 effective August 1, 2014 was recodified to 14B NCAC 18B.0404 effective November 1, 2015.

FINGERPRINTING FOR THE PURPOSES OF A RIGHT TO REVIEW

Instructions for Law Enforcement Officer Taking Fingerprints

The bearer of this letter is seeking to obtain a copy of his or her criminal history record information through the Right to Review Process. Authorization for this process is found in 14B NCAC 18B.0404 of the NC Administrative Code. In order to complete the Right to Review Process, the requestor must be fingerprinted by a law enforcement official. Then the requestor must mail those fingerprints to the NC State Bureau of Investigation. The following necessary steps are done by law enforcement officer.

Step 1 — Identity Verification

Verify the identity of the bearer of this letter by requesting a driver's license or another government-issued picture identification card. Ensure the identifying data on the ID card corresponds to the identifying data provided by the requestor.

Step 2 — Completing Fingerprint Process

The fingerprints must be collected using a FD-258 Applicant Fingerprint Card. The following is required information to be included on the fingerprint card:

- Name of person requesting the Right to Review
 Include all married and maiden names if the requestor is a female
- 2. Race, sex, and date of birth
- 3. Date, address, and signature of requestor
- 4. Reason fingerprinted: Right to Review
- 5. Date and signature of the officer taking the fingerprints. The law officer's signature indicates that he/she has verified the proof of identity of the bearer of this letter.
- 6. Social Security Number Optional *

Step 3 — Provide Fingerprint Card

Upon completion of the fingerprinting process, provide individual with the completed fingerprint card. The requestor must include the fingerprint card with other required documentation and fee in mailed packet to the NC State Bureau of Investigation.

Thank you for your assistance in this matter.
For further questions or clarification, contact the SBI at (919) 582-8600.

^{*} Disclosure of social security number is entirely voluntary and not required.

If disclosed, the social security number will be only used to assist with accurate Identification or exclusion of possible criminal history records.

									
APPLICANT 'See Privacy Act Notice on Back	LEAVE BLANK	TYPE OR LAST NAME NAM	PRINT ALL INFOR	RMATION IN BLAC I MI	CK DDLE NAME	F	BI	LEAVE BLAN	IK
FD-258 (REV.12-10-07) SIGNATURE OF PERSON FINGERPR	INTED	ALIASES AKA	O R	· ··					
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1110-0046 3/21/2010

FEDERAL BUREAU OF INVESTIGATION UNITED STATES DEPARTMENT OF JUSTICE CJIS DIVISION/CLARKSBURG, WV 26306

1.LOOP

APPLICANT

THIS CARD FOR USE BY:

- 1. LAW ENFORCEMENT AGENCIES IN FINGERPRINTING APPLICANTS FOR LAW ENFORCEMENT POSITIONS.*
- 2. OFFICIALS OF STATE AND LOCAL GOVERNMENTS FOR PURPOSES OF EMPLOYMENT, LICENSING, AND

PERMITS, AS AUTHORIZED BY STATE STATUTES AND APPROVED BY THE ATTORNEY GENERAL OF THE UNITED STSTES, LOCAL AND COUNTY ORDINANCES, UNLESS SPECIFICALLY BASED ON

APPLICABLE STATE STATUTES DO NOT SATISFY THIS REQUIREMENT.

- 3. U.S. GOVERNMENT AGENCIES AND OTHER ENTITIES REQUIRED BY FEDERAL LAW.**
- 4. OFFICIALS OF FEDERALLY CHARTERED OR INSURED BANKING INSTITUTIONS TO PROMOTE OR MAINTAIN

THE SECURITY OF THOSE INSTITUTIONS.

Please review this helpful Information to aid in the successful processing of hard copy criminal and civil fingerprint submissions in order to prevent delays or rejections. Hard copy fingerprint submissions must meet specific criteria for processing by the Federal Bureau of tovestigation.

Ensure all Information is typed or logibly printed using blue or black link.

Enter data within the boundaries of the designated field or block.

Complete all required fields are four equired field is left blank, the fingerprint card may be immediately rejected without further processing.)

"by"

The required fields for hard copy fingerprint cards are: originaling agency identifier number - date of birth - place of birth - name - sex fingerprint in the place in the place of birth - name - sex fingerprint in the place of the pla

criminal fingerprint cards also require an arrest charge and data of arrest.
 civil fingerprint cards also require a reason fingerprinted and data fingerprinted

Do not use highlighters on fingerprint cards. Do not enter data or labels within 'Leave Blank' areas. Ensure the 'Reply Dosired' field is checked when applicable (criminal only). Ensure fingerprint impressions are rolled completely from nail to nail, Ensure fingerprint impressions are in the correct sequence. Ensure notations are made for any missing fingerprint impression (i.e. amputation). Do not use more than two retabs per fingerprint impression blocks.

Training aids can be ordered online via the Internet by accessing the FBI's website at: folgor, click on 'Fingerprints', then click on 'Ordering Fingerprint Cards & Training Alds'. Direct questions to the Identification and Investigative Services Section's Customer Service Group at (304) 625-5590 or by e-mail at sion@leo.gov.

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Altimev General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L., 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your

Social Security Account Number (SSAN). Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

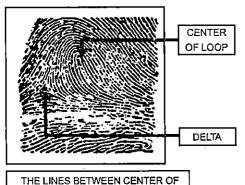
Principal Purpose: Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be perinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBIs permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application may also retain the fingerprints and other submitted information for other authorized purposes of such agency(les).

Routine Uses: The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses Include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal faw enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by law, treaty, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

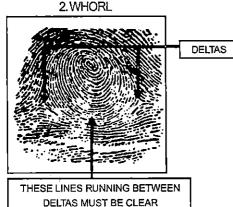
Additional Information: The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice

INSTRUCTIONS:

- 1. PRINTS MUST GENERALLY BE CHECKED THROUGH THE APPROPRIATE STATE IDENTIFICATION BUREAU, AND ONLY THOSE FINGERPRINTS FOR WHICH NO DISQUALIFYING RECORD HAS BEEN FOUND LOCALLY SHOULD BE SUBMITTED FOR FBI SEARCH.
- 2. IDENTITY OF PRIVATE CONTRACTORS SHOULD BE SHOWN IN SPACE "EMPLOYER AND ADDRESS". THE CONTRIBUTOR IS THE NAME OF THE AGENCY SUBMITTING THE FINGERPRINT CARD TO THE FBI.
- 3. FBI NUMBER, IF KNOWN, SHOULD ALWAYS BE FURNISHED IN THE APPROPRIATE SPACE.
- . MISCELLANEOUS NO. RECORD: OTHER ARMED FORCES NO. PASSPORT NO. IFPI. ALIEN REGISTRATION NO. (AR), PORT SECURITY CARD NO. (PS), SELECTIVE SERVICE NO. (SS) VETERANS ADMINISTRATION CLAIM NO. (VA).



LOOP AND DELTA MUST SHOW





ARCHES HAVE NO DELTAS

FD-258 (REV. 12-10-07)



NORTH CAROLINA STATE BUREAU OF INVESTIGATION

P.O. BOX 29500 Raleigh, NC 27626-0500

BOB SCHURMEIER DIRECTOR

INSTRUCTIONS

MAIL all required items below (1-3) to the SBI at the address shown - US Mail only is accepted. ▶ NO PERSONAL DELIVERY PERMITTED

- 1. Obtain a set of your fingerprints at your local law enforcement agency (police department or sheriff's office) on a FD-258 Applicant Fingerprint Card. Give page 5 of this packet to the law enforcement officer ▶ DO NOT FOLD FINGERPRINT CARD into mailing envelope who takes your fingerprints.
- 2. Include certified check OR money order (\$14.00 fee for each request) payable to the NC State Bureau of Investigation. Do not endorse the back of certified check or money order. Multiple requests may be submitted ▶ NO CASH ACCEPTED and NO PERSONAL CHECKS ACCEPTED in one envelope.
- 3. Complete Request Form below. Make a copy for your personal records and mail original form to the SBI. ▶ If any required items (1-3) are missing or incomplete, your request will be returned to you. ◀

SEND BY US MAIL to:

Applicant's Full Name:

Reason for Request:

City:

Applicant's Mailing Address:

State:

Date of Birth: (Check X one)

Sex:

NC State Bureau of Investigation Criminal Information and Identification Section Attention: Applicant Unit — Right to Review Post Office Box 29500 Raleigh, NC 27626-0500

Request Form - Right to Review

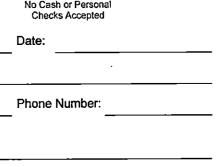
TYPE FILLABLE FORM BELOW -OR- PRINT COPY & CLEARLY PRINT No Cash or Personal

Zip:

Race:

Male

Female



Requests accepted by US Mail only. The results are sent directly to you by first-class US Mail. The SBI does not use companies such as Federal Express-Overnight or UPS Shipping. Do not send a prepaid envelope as it will be returned to you with your request.

> THE SBI CANNOT SEND RESULTS TO A THIRD PARTY <

For further questions, please call the SBI at (919) 582-8600.

North Carolina Department of Health and Human Services Division of Public Health • N.C. Vital Records

http://vitalrecords.nc.gov Telephone: 919-733-3000

1903 Mail Service Center Raleigh, NC 27699-1903 Mail:

Location: 225 North McDowell St. Raleigh, NC 27603-1382

PLEASE PRINT	Application for	or a Copy o	f a North C	arolina Birth Certificate
y		Certificate In		
Full Name on Certifica (If adopted, provide new informate Date of Birth Place of Birth	tion) First Name Month Day	Midd Year County	dle Name	Last Name Sex Male Female Were parents married at time of birth? Yes No Is this person deceased? Yes No
Full Name of Parent (Adoptive parent, if applies) Full Name of Parent (Adoptive parent, if applies) Check all boxes that applies and place the total		Middle Name Middle Name Your Relati	Last Name Last Name	Last Name (before any marriage, if different) Last Name (before any marriage, if different) erson Whose Certificate is Requested:
See further instruct 1. Order Certificate Processing times vary. Check website for currer (Non-refundable fee) Certificate Search and Firs #additional copies x \$ Certified (Legally suitable) Uncertified (Suitable for refundable for refundable processing times and the suitable for current for the suitable for refundable processing times and the suitable for current for the suitable for refundable processing times vary. Legitimation (Court Order Legitimation (mother manual for child's birth) Paternity (no fee) Other	at information. at Copy (\$24) \$ for any purpose) esearch purposes) nly if applies) r in-person services. occessing fee) \$ \$ \$ \$	(Please Print) Requestor: Print Address: Stree	arent In to use this record Name of Person Request Address (P.O. Box ca	Specify d?
3. Faster Service (Cho Optional for mail-in requ (\$15 non-refundable ex Walk-in Service (\$15) Expedited Processing (\$15) (Shipped by regular mail) Expedited Processing and Expedited Shipping (\$35) (Call for expedited shipping fees outs 4. Total Fees (Add 1+2+3 above for total)	sests pedite fee) \$ \$ \$ ide the continental United States) \$ bove information is true to	Email Address: Payment: Please Records. Personal or incomplete pay is available for well and the PER See Page 2 for a I will be returned.	I checks are not accepted in the complete alk-in customers. RSON REQUESTING ist of acceptable IDsurvedge. Note: It is a complete in the compl	s check or money order made payable to N.C. Vital pted. Requests that are submitted with no payment, information will be returned. Credit card payment NGA CERTIFICATE IS REQUIRED: Requests that do not include proper identification a felony violation of N.C. Law (G.S. 130A-26A)
Signature of Person Requesting a	Certificate			
Amount received: \$. Identificatio	n presented		Cartridge/Frame

Order Certificate

A certificate search costs \$24 and includes one copy if the certificate is located. The search covers a three year period. Requests are processed in the order received and can take up to five weeks plus the mail delivery time. The search fee is required to process a request and is non-refundable even if a record cannot be located.

Record Changes

Complete this section only if you are making a request to change information on the birth certificate. The \$15 processing fee to review your request is non-refundable. In-person assistance for this service is by appointment only. Please call (919) 792-5986 to schedule an appointment. If your request involves more than one birth record, the \$15 processing fee applies to each individual's birth record that requires change(s).

Faster Service

To receive expedited service you MUST write "Expedite" on the outside of the envelope. Expedited requests will be processed within 10 business days. This does not include the additional day(s) for shipping. This is a non-refundable fee.

Identification Requirement

Due to identity theft and other fraudulent use of vital records, ID of the person requesting a certificate is REQUIRED. Requests that do not include ID will be returned. You MUST include a legible photocopy of one of the photo IDs listed below with your request:

- Current state-issued driver's license (address must match requestor's address on application)
- Current state-issued non-driver photo ID card (address must match requestor's address on application)
- Current Passport or Visa (must include photo)
- Current U.S. military ID
- Current Department of Corrections photo ID card dated within the last year
- Current state or U.S. government agency photo ID card (for persons requesting certificates as part of that agency's business)
- Current student ID card with copy of transcript

If you do not have one of the IDs listed above, you must provide legible photocopies of TWO of the following (must be two DIFFERENT forms of ID):

- Temporary driver's license
- Current utility bill with current address
- Car registration or title with current address
- Bank statement with current address
- Pay stub with current address
- Income tax return/W-2 form showing current address
- Letter from government agency dated within the last six months and showing current address
- State-issued concealed weapon permit showing current address

If you are unable to meet our ID requirements, a family member or other person who is entitled to obtain the certificate, and who can meet the ID requirements, may request it.

A list of persons entitled to obtain certificates is located on our website at http://vitalrecords.nc.gov/faqs.htm.

Did You Remember To ...?

Please check the boxes below to ensure that you have included everything needed to process your request.
☐ Include a completed application form.
☐ Sign your application. Note: If for a couple, family, etc., all must sign the application.
☐ Include a completed fingerprint card. A completed fingerprint card includes the following:
□ 1. Name
☐ 2. Date of Birth
☐ 3. Descriptive Data
☐ 4. All 10 rolled fingerprint impressions.
☐ 5. The plain impressions including thumbs of both hands.
☐ Include a credit card payment form, certified check*, or money order for \$18.00 per request. Note: This amount must be exact.
☐ If using a credit card, please ensure the credit card payment form is filled out completely.
Don't forget to include the expiration date of the credit card that you are using.
☐ If paying with a certified check or money order, make it payable to the Treasury of the United States
CASH OR PERSONAL/BUSINESS CHECKS
ARE NOT AN ACCEPTED FORM OF PAYMENT.
☐ Include a form of contact information (i.e., e-mail, telephone number) in case we need to contact you.

^{*}To issue a certified check, the bank verifies that sufficient funds exist in the requestor's account to cover the check and so certifies payment at the time the check is written. Those funds are then set aside in the bank's internal account until the check is cashed or returned to the payee.