

ARIZONA DEPARTMENT OF HEALTH SERVICES
 DIVISION OF BEHAVIORAL HEALTH SERVICES
 Community Service Agency

SELF DECLARATION OF CRIMINAL HISTORY

| | |
|--------------------------------------|--------------------------|
| Name of Direct Service Person: _____ | Title of Position: _____ |
|--------------------------------------|--------------------------|

| | | |
|----------------|-------------|---------------|
| Address: _____ | City: _____ | State: _____ |
| Street: _____ | Zip: _____ | County: _____ |

| | |
|---|---------------------------------------|
| Facility Name: <u>HOPE, Inc.</u> | City: <u>Tucson</u> State: <u>AZ</u> |
| Address | |
| Street: <u>236 South Tucson Boulevard</u> | Zip: <u>85716</u> County: <u>Pima</u> |

Attestation:

I hereby attest and certify that I

- a). have not ever been convicted of committing;
- b). have not admitted in open court or pursuant to a plea agreement to committing; and
- c). Am not awaiting trial on any of the following criminal offenses in the state or similar offenses in another state or jurisdiction:

| Offense | Initials | Offense | Initials | Offense | Initials |
|--|----------|------------------------------------|----------|---|----------|
| first or second degree murder | | child abuse | | commercial sexual exploitation of a minor or vulnerable adult | |
| attempted first degree murder | | abuse of a vulnerable adult | | sexual conduct with a minor | |
| kidnapping | | neglect of a vulnerable adult | | molestation of a child | |
| arson | | sexual abuse of a minor | | molestation of a vulnerable adult | |
| sexual abuse | | continuous sexual abuse of a child | | exploitation of minors involving drug offenses | |
| incest | | sexual abuse of vulnerable adult | | involving or using minors in drug offenses | |
| a dangerous crime against children as defined in A.R.S. 13-604.1 | | sexual assault | | robbery | |
| child prostitution as defined in A.R.S. 13-3206 | | sexual exploitation of a minor | | aggravated assault | |

Notarization

I hereby certify that the answers given above are true and correct to the best of my knowledge and belief.

Applicants Signature

State of Arizona, County of _____

Subscribed and sworn before me, a notary public, this _____ day of _____, _____ (year)

My commission expires: _____

Notary Publics Signature