



ATTESTATION TO BEGIN WORK IN CHILD CARING INSTITUTIONS, GROUP HOMES, OR LICENSED CHILD PLACING AGENCIES BEFORE CERTAIN CRIMINAL HISTORY CHECKS ARE RETURNED

State Form 53080 (6-22)
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
- Section 1 to be completed by the group home, child caring institution, or licensed child placing agency (LCPA).
 - Sections 2 through 5 to be completed by the individual seeking employment, volunteer work, or contract.
 - This form is only to be completed if an individual who:
 - has received an offer of employment from;
 - has been accepted as a volunteer for; or
 - is executing a contract with;
 a child caring institution, group home, or LCPA seeks to begin training prior to the completion of one or both criminal history checks referenced in section 3.
 - The individual attesting to the statements in section 5 must certify the attestation by providing their written signature and printed name in that section.
 - All information requested below must be provided and the form thoroughly completed.
 - A copy of this attestation is to be kept on file with the criminal history check results of the individual and in accordance with the same state record retention schedules that apply to criminal history checks.

TO BE COMPLETED BY THE REQUESTING AGENCY

SECTION 1 – REQUESTING AGENCY INFORMATION

Name of requesting agency	License number
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TO BE COMPLETED BY THE EMPLOYEE / VOLUNTEER / CONTRACTOR

SECTION 2 – EMPLOYEE / VOLUNTEER / CONTRACTOR INFORMATION

Full legal name	Date of birth (month, day, year)
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Current address (number and street, city, state, and ZIP code)

SECTION 3 – CRIMINAL HISTORY CHECKS WITH RESULTS NOT RETURNED (check all that apply)

- Out-of-state child abuse and neglect registry check(s) under IC 31-9-2-22.5(2) Out-of-state local criminal records check(s) under IC 31-9-2-22.4(4)

SECTION 4 - DISCLOSURE

1. List the states you have resided in within the five (5) years prior to the date of this attestation, other than the state of Indiana.

2. Have any abuse or neglect complaints been made against you with the child welfare agency of any of the states listed in box 1?
(Note: This includes complaints made at ANY time in each state listed above.)

a. Yes No

b. If yes, please explain the circumstances of each complaint.

3. Have you had any contact with a law enforcement agency in connection with your suspected or alleged commission of a crime in any of the states listed in box 1?

(Note: This includes contact made at ANY time in each state listed above.)

a. Yes No

b. If yes, please explain the circumstances of each suspected or alleged commission of a crime.

SECTION 5 – ATTESTATION

By signing this attestation, I hereby affirm under penalty of perjury and pursuant to IC 31-27 that:

- The information contained herein is true and accurate to the best of my knowledge and belief.
- I understand that under Indiana law, I may not have contact with the children who are under the care and control of the requesting agency or the records containing information regarding such children until the completion of all criminal history checks referenced in IC 31-9-2-22.5.

Signature	Printed name	Date of signature (month, day, year)
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