FOLLOW-UP ACTION FOR NAME-BASED CHECK

State Form 53424 (R2 / 2-11) / CW 3619

INSTRUCTIONS:

1. *Local office staff shall complete this form when the Indiana State Police (ISP) completes an Emergency Relative Name Based Search (Triple I) on a relative subject being considered as an emergency placement option and any of the below is true:*

   a. *If a child is not placed with the subject of the check after completion of the name-based search, this form must be completed and submitted within seventy two (72) hours.*

   b. *If a child was placed with the subject of the check by DCS, but the subject of the check refuses to complete the printing process within seventy two (72) hours of the name-based search being completed.*

   c. *When the subject of the check begins the printing process but fails to follow through with the process by either refusal or losing contact with the subject of the check.*

   d. *If the subject of the check was fingerprinted but the name and/or date of birth on the fingerprint clearance letter does not match the name and/or date of birth provided to ISP at the time the search was completed or as it appears on the Name Based Check report issued by ISP.*

   e. *Other reasons as needed for the removal of a subject from the Emergency Name Based Report when it becomes necessary.*

2. *Please submit this completed form to Indiana State Police by scan and e-mail at ISPRecords@isp.IN.gov or if e-mail is unavailable, fax to Indiana State Police, Attention Records, 317-233-8813.*

1. County in which the local DCS office is located who requested name-based check	2. DCS Region number	3. Date completed form was submitted to ISP *(month, day, year)*
4. Name of DCS staff who requested name-based check		5. Date of request for name-based check (*month, day, year)*
6. Name of subject of check as it was called into ISP or appears on ISP issued report	7. If successfully printed, name as it appears on clearance letter	
8. Date of birth of subject as it was called into ISP or appears on ISP issued report *(month, day, year)*	9. If printed, date of birth as it appears on clearance letter *(month, day, year)*	

10. Did Indiana DCS place the child in the home in which the subject of the check resides? ☐ Yes ☐ No

If no, stop and submit form to ISP as instructed above.

If yes, the completion of the fingerprints is required. When the fingerprints have successfully been completed, indicate the differences in name and/or date of birth in #7 and/or #9 above. Note the completion of printing in comments below with the date on the results clearance letter. Submit form to ISP as instructed above.

If yes, and fingerprints have not been successfully completed at this time, continue with the remainder of the form.

11. Is the child under the supervision of Indiana DCS currently residing in the same home as the subject of the check? ☐ Yes ☐ No

If yes, the subject of the check must successfully complete fingerprinting within seventy two (72) hours. If the subject of the check fails to complete the printing requirement within the seventy two (72) hours deadline, the child must be removed and the refusal by the subject to be printed must be documented below.

If no and the child is no longer placed with the subject there is still the requirement of the subject to complete the fingerprinting check because the child was placed for a period. If the subject of the check fails to complete the printing due to any reason, document at least three (3) different attempts to request printing and/or locate the subject of the check below. Add any additional comments and submit to ISP as instructed above.

DOCUMENTATION EFFORTS TO OBTAIN FINGERPRINTS	DATES *(month, day, year)*	INITIALS OF STAFF
Telephone:		
Home Visit:		
E-mail or US Postal Service Mail:		
Other:		

Comments: (*Use this space to document any additional information you feel is necessary, including date child was removed from the home of the subject of the check if refused to cooperate.)*