



# PERSONAL DISCLOSURE FORM 1 REINVESTIGATION

STATE FORM 54219 (R7/05-24)  
INDIANA GAMING COMMISSION

This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure of this information is **REQUIRED**. The Indiana Gaming Commission will require the licensee to disclose additional information not covered by this Application. **Failure to provide information could result in disciplinary action.**

## INSTRUCTIONS

1. Submit one (1) **electronic** version of this Application and all exhibits on a CD or USB flash drive to the IGC office or via secure file share to [OCCLIC@IGC.IN.GOV](mailto:OCCLIC@IGC.IN.GOV).
  - (a) Send fingerprint cards and payment to the IGC office. Electronic methods of payment are available upon request.
  - (b) The Application and each exhibit response should be submitted as separate and distinct files.
  - (c) All files should be provided in portable document format (PDF) in a minimum resolution of 200-300 dots per inch (DPI).
  - (d) **DO NOT SUBMIT DOCUMENTS IN HARD COPY FORMAT WITH THE EXCEPTION OF FINGERPRINT CARDS. The Application and exhibits should ONLY be submitted via file share, CD, or USB.**
2. If the Applicant requests confidentiality pursuant to the Access to Public Records Act, IC 5-14-3, write or stamp "Confidential" on each applicable page, including exhibits, or include a cover letter with the Application requesting confidential treatment of the entire submission pursuant to the Act.
3. For each question that requires an exhibit, submit the requested information as a separate and distinct file in electronic form as referenced in 1(b) above.
4. When an answer or exhibit responsive to a question has already been submitted in response to another question, you may refer to your prior answer.
5. When a question does not apply to you, you must indicate by stating "Does not apply." If you have no answer to a certain question, you must indicate by stating "None." **FAILURE TO STATE "DOES NOT APPLY" OR "NONE" WILL BE INTERPRETED AS AN OMISSION AND MAY DELAY THE PROCESSING OF YOUR APPLICATION.**
6. Type or write legibly the answers to questions in black ink. If your Application is not legible, it will not be accepted.
7. Each question must be answered fully, accurately, and completely. **ANY MISREPRESENTATION OR OMISSION CAN RESULT IN DISCIPLINARY ACTION.** When information is unknown, so indicate by stating "Unknown." **YOU MUST MAKE A SUBSTANTIAL INQUIRY TO DETERMINE THE ANSWERS TO ALL QUESTIONS.**
8. You may be required to provide additional information or submit additional forms.
9. If at any time there are material changes to the information submitted herein, you must immediately notify the Commission in writing of the material changes.
10. Please retain a copy of the completed Application and exhibits for your records as they will not be released once received by the Commission.
11. Any required hard copy materials submitted to the Commission must be sent, with cover letter, to:

Indiana Gaming Commission  
Attention: Investigations Division  
101 W. Washington Street  
East Tower, Suite 1600  
Indianapolis, IN 46204-3408
12. All Application and license fees must be paid by check made payable to the State of Indiana. Electronic payment options can be provided upon request. **DO NOT SEND CASH.** The balance of any additional costs of the investigation will be billed upon completion. The Applicant is ultimately responsible for the cost of this investigation.
  - (a) All application and license fees are non-refundable and non-transferrable.
  - (b) More information on occupational licensing fees, including their amounts, can be found on the IGC website: <https://www.in.gov/igc/GamingEntityLicensing/>
13. If you have any questions about this Application or the occupational licensing process, contact the Investigations Division via email at [OCCLIC@IGC.IN.GOV](mailto:OCCLIC@IGC.IN.GOV) or via phone at (317) 233-0046.

<b>INSTRUCTIONS</b> <i>(continued)</i>	<p>14. All capitalized items are defined in IC 4-33-2, IC 4-35-2, IC 4-38-2, 68 IAC 1-1, and/or the definitions section of this document.</p> <p>15. Applicants are advised that pursuant to IC 4-33-4-18 and IC 4-33-6-5, all fingerprints provided by Applicants will be forwarded to the Federal Bureau of Investigation for a complete national criminal history check. Applicants will have the opportunity to disprove the information contained in the criminal history return. Corrections or updates to the criminal history return may be pursued by the following procedures contained in Title 28, C.F.R. § 16.34.</p>
<b>DEFINITIONS</b>	<p><i>Terms in this Application shall have meanings ascribed to them in IC 4-33, IC 4-35, IC 4-38 and/or 68 IAC 1-1. The following terms shall have the following meanings:</i></p> <p><b>Act:</b> The Riverboat Gambling Act.</p> <p><b>Affiliate:</b> Any Person who directly or indirectly Controls, is Controlled by, or is under common Control of another Person.</p> <p><b>Applicant:</b> Any individual or Business Entity who directly or indirectly has applied for a gaming license.</p> <p><b>Application:</b> The total written materials, including the instructions, forms and other documents issued by the Commission, comprising Applicant's request for an owner's license, supplier's license, or occupational license.</p> <p><b>Best of My Knowledge:</b> Applicant's knowledge after substantial inquiry.</p> <p><b>Business Entity:</b> Any of the following: partnership, incorporated or unincorporated association or group, firm, corporation, limited liability company, partnership for shares, trust, sole proprietorship or any other form of business.</p> <p><b>Candidate:</b> An Individual who: (1) has taken the action necessary to qualify under Indiana law for listing on the ballot at an election or to become a write-in candidate; (2) has publicly announced or declared candidacy for an elected office; (3) has solicited or accepted contributions, or consented that another solicit or accept contributions or make expenditures, with a view to bringing about the Individual's nomination for or election to an elected office; or (4) otherwise seeks nomination for or election to an elected office, regardless of whether the Individual wins election to the office.</p> <p><b>Casino:</b> Any facility under the jurisdiction of the Commission pursuant to IC 4-33 or IC 4-35.</p> <p><b>Commission:</b> The Indiana Gaming Commission.</p> <p><b>Compensation:</b> Anything of value, including but not limited to salary, wages, commissions, tips, gratuities, fees, bonuses, and distributions from any Person, in any form, including cash, securities, real property and tangible and intangible personal property.</p> <p><b>Control:</b> The power to exercise authority over or direct the management and policies of an Individual, business, or entity.</p> <p><b>Debt Instrument:</b> Any bond, loan, mortgage, trust, deed (when committed in any form as collateral), note, debenture, subordination, guaranty, letter of credit, security agreement, surety agreement, pledge, chattel mortgage or other form of indebtedness.</p> <p><b>Felony:</b> A criminal offense for which a sentence of imprisonment of more than one (1) year may be imposed under the laws of any jurisdiction.</p> <p><b>Gambling Game:</b> Any of the following games if approved by the Commission as a wagering device: baccarat, twenty-one, poker, craps, slot machine, video games of chance, roulette wheel, klondike table, punchboard, faro layout, keno layout, numbers ticket, push card, jar ticket, pull tab and big six.</p> <p><b>Gambling Operation:</b> The conducting of Gaming and all related activities including, without limitation, the purveying of food, beverages, retail goods and services, and transportation on a Casino and at its support facilities.</p> <p><b>Game:</b> A banking, wagering, gambling, or percentage game or activity that is played for chips, tokens, or anything of value, including, without limitation, those played with cards; chips; tokens; dice; implements; or electronic, electrical, or electromechanical devices or machines.</p> <p><b>Gaming:</b> The dealing, operating, carrying on, conducting, maintaining, or exposing for play of any Game.</p>

**DEFINITIONS**  
(continued)

**Gaming Entity:** Any Business Entity or Affiliate thereof other than a governmental entity, a licensed accountant, architect, attorney, engineer, or physician that either: (1) engages in Gaming, or (2) provides goods or services to a Business Entity or Affiliate thereof that engages in Gaming.

**Immediate Family:** Spouse (other than a spouse who is legally separated from the Individual under a decree of divorce or separate maintenance), parent, child, sibling, father-in-law, or mother-in-law, whether by the whole or half blood, marriage, adoption or natural relationship.

**Indiana Public Official:** An Individual who is: (1) authorized to perform an official function on behalf of, and is paid by the state of Indiana or any county, township, municipal corporation, special taxing district, or public school corporation within the state of Indiana; any instrumentality of any of those entities; or a state-assisted college or state-assisted university within the state of Indiana; (2) elected or appointed to office to discharge a public duty for a governmental entity within the state of Indiana; or (3) appointed in writing by an Indiana Public Official to act in an advisory capacity, with or without compensation, to a governmental entity within the state of Indiana concerning a contract or purchase to be made by the entity. This term does not include an Individual appointed to an honorary position.

**Indirect Interest:** Any interest in any other Person that is deemed to be held by the holder, not through the actual holdings in the Person, but through the holder's holdings in any other Person.

**Individual:** Any natural Person.

**Institutional Investor:** Any (1) retirement fund administered by a public agency for the exclusive benefit of federal, state, or local public employees; (2) investment company registered under the Investment Company Act of 1940 (15 U.S.C. 80a); (3) collective investment trust organized by banks under Part Nine (9) of the rules of the Comptroller of the Currency; (4) closed end investment trust; (5) chartered or licensed life insurance company or property and casualty insurance company; (6) banking, chartered, or licensed lending institution; (7) investment adviser registered under the Investment Advisors Act of 1940 (15 U.S.C. 80b); (8) other entity the commission determines constitutes an institutional investor; which acquires voting or non-voting units in the ordinary course of its investment business and holds those units for investment purposes only and not for the purpose of causing, directly or indirectly, the election of a majority of the board of directors or any change in the corporate charter, bylaws, management, policies, or operations of the business entity in which it holds those securities.

**Key Person:** Any officer, director, executive, employee, trustee, Substantial Owner, independent contractor, or agent of a Business Entity, having the power to exercise, either alone or in conjunction with others, management or operating authority over a Business Entity or Affiliate(s) thereof.

**Licensee:** A Person holding a license issued under the Act.

**Nominee:** Any Person that holds as owner of record the legal title to tangible or intangible personal or real property, including, without limitation, any stock, bond debenture, note, investment contract or real estate on behalf of another Individual or Business Entity, and as such is designated and authorized to act on his, her, or its behalf with respect to such property.

**Passive Investor:** A Person who owns an interest in a Business Entity, with the potential to profit, but does not materially participate to the management of the Business Entity.

**Person:** An Individual, a sole proprietorship, a partnership, an association, a fiduciary, a corporation, a limited liability company, or any other Business Entity.

**Public Official:** (a) As used in this definition, "governmental entities" has the definition set forth in IC 35-31.5-2-144; (b) an Individual who is: (1) authorized to perform an official function on behalf of, and is paid by a governmental entity, as defined in IC 35-31-1-12; (2) elected or appointed to office to discharge a public duty for a governmental entity; or (3) appointed in writing by a Public Official to act in an advisory capacity, with or without compensation, to a governmental entity concerning a contract or purchase to be made by the entity. The term does not include an Individual appointment to an honorary advisory or honorary military position.

**Registered Agent:** Any Individual or Business Entity against whom service of process may be made on behalf of a Business Entity under IC 23-0.5-1.5-36.

**Relative:** Spouse, parent, grandparent, child, grandchild, sibling, uncle, aunt, nephew, niece, first cousin, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, whether by the whole or half blood, by marriage, adoption or natural relationship.

**Riverboat:** Either of the following on which lawful gambling is authorized under the Act: (1) a self-propelled excursion boat located in a county described in IC 4-33-1-1 or IC 4-33-1-1-(2) that complies with IC 4-33-6-6-(a); or (2) a vessel located in a historic hotel district.

<p><b>DEFINITIONS</b> (continued)</p>	<p><b>Riverboat Gambling Operation:</b> The conducting of Gaming and all related activities including, without limitation, the purveying of food, beverages, retail goods and services, and transportation on a Riverboat and at its support facilities.</p> <p><b>Substantial Creditor:</b> The holder of any debt instrument of whatever character, against an Individual or Business Entity, whether secured or unsecured, matured or unmatured, liquidated or unliquidated, absolute, fixed or contingent, the aggregate amount of which is \$50,000 or more.</p> <p><b>Substantial Owner:</b> Any: (1) Person who is not an Institutional Investor and who holds any direct, indirect, or attributed legal or beneficial interest whose combined direct, indirect, or attributed interest is five percent (5%) or more ownership interest in a Business Entity; or (2) Institutional Investor holding fifteen percent (15%) or more ownership interest in a Business Entity.</p> <p><b>Supplier:</b> A provider of goods or services to a Gaming Entity other than a governmental entity, a licensed accountant, architect, attorney, engineer, or physician.</p>
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**PERSONAL DISCLOSURE FORM 1 REINVESTIGATION****IDENTIFYING INFORMATION**

FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH (MM/DD/YYYY)
US SOCIAL SECURITY NUMBER	GENDER	SEX	RACE/ETHNICITY
WEIGHT (POUNDS)	HAIR COLOR	EYE COLOR	HEIGHT (FEET & INCHES)
HOME ADDRESS (NUMBER AND STREET)			
CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE
PHONE NUMBER		EMAIL ADDRESS	
BUSINESS ADDRESS (NUMBER AND STREET)			
CITY	STATE/PROVINCE	COUNTRY	ZIP/POSTAL CODE

**GAMING ENTITY AND POSITION INFORMATION**

POSITION TITLE FOR WHICH THIS APPLICATION IS BEING SUBMITTED:

TOTAL COMPENSATION FOR CURRENT POSITION (SALARY + BONUS STRUCTURE; INCLUDE A BRIEF DESCRIPTION OF BONUS STRUCTURE, IF APPLICABLE)

EXHIBITS	
PERSONAL	
1.	<p>As <b>Exhibit 1</b>, provide two (2) completed fingerprint cards (Standard Blue <b>FD-258</b> Cards) with your application.</p> <ul style="list-style-type: none"> <li>▪ Blank Fingerprint cards will be provided upon request.</li> <li>▪ If you are not employed at an Indiana casino, you must have your fingerprints taken at a law enforcement agency or other qualified vendor on Standard Blue <b>FD-258</b> Fingerprint Cards.</li> <li>▪ If you are currently licensed at an Indiana casino and are applying at the same Indiana casino, make an appointment with the local Indiana Gaming Commission office to have your fingerprints submitted electronically and submit as <b>Exhibit 1</b> the date you were fingerprinted by local gaming agents for this Application.</li> </ul>
2.	<p>As <b>Exhibit 2</b>, provide a color photograph of yourself taken within the last six (6) months.</p>
3.	<p>Submit as <b>Exhibit 3</b> any names used, legal or otherwise, since your last Indiana investigation, other than the name stated on page 5.</p> <p style="text-align: right;"><b>If Exhibit 3 does not apply, initial here:</b> _____</p>
4.	<p>Submit as <b>Exhibit 4</b> any changes or updates to your citizenship since your last Indiana investigation.</p> <p style="text-align: right;"><b>If Exhibit 4 does not apply, initial here:</b> _____</p>
5.	<p>Submit as <b>Exhibit 5</b> all travel outside of your country of residence since your last Indiana investigation. For each trip provide the following:</p> <p style="text-align: right;"><b>If Exhibit 5 does not apply, initial here:</b> _____</p> <p>(a) Date(s) of travel;</p> <p>(b) Destination(s);</p> <p>(c) Purpose of your travel;</p> <p>(1) If the purpose was business related, include a description of the business purpose.</p>
6.	<p>If there have been any additions or updates in your residence(s) or residence(s) you have been associated with since your last Indiana investigation, submit as <b>Exhibit 6</b> the following information for each instance:</p> <p style="text-align: right;"><b>If Exhibit 6 does not apply, initial here:</b> _____</p> <p>(a) Street address;</p> <p>(b) City, county, and state;</p> <p>(c) Country;</p> <p>(d) Dates, by month and year, of residence;</p> <p>(e) Names of other household members at each residence.</p>
PROFESSIONAL LICENSING	
7.	<p>Submit as <b>Exhibit 7</b> a list of any professional licenses, including gaming, you have received since your last Indiana investigation. For each new license, provide the following:</p> <p style="text-align: right;"><b>If Exhibit 7 does not apply, initial here:</b> _____</p> <p>(a) Type of license, describing the nature of the licensed conduct and activities;</p> <p>(b) State, or other jurisdiction, where the license is held;</p> <p>(c) Name of associated Gaming Entity (if applicable);</p> <p>(d) Name, address, and telephone number of the licensing authority that issued and/or regulate the license;</p> <p>(e) Dates, by month and year, when the license was held.</p>

8. If any professional licenses, including gaming, that you currently hold or have held has been subject to any disciplinary actions, settlements, investigations, restrictions, revocations, non-renewals, or any other negative actions since your last Indiana investigation, include as **Exhibit 8**, the following for each instance:

If Exhibit 8 does not apply, initial here: \_\_\_\_\_

- (a) Type of license, describing the nature of the licensed conduct and activities;
- (b) State, or other jurisdiction, where the license is held;
- (c) Name of associated Gaming Entity (if applicable);
- (d) Name, address, and telephone number of the licensing authority that issued and/or regulate the license;
- (e) Dates, by month and year, when the license was held;
- (f) All details concerning any such disciplinary actions taken against the license.

#### BUSINESSES

9. Submit as **Exhibit 9** a list of all new Business Entities that you have been associated with as an employee, Key Person, or Substantial owner since your last Indiana investigation. For each new entity provide the following:

If Exhibit 9 does not apply, initial here: \_\_\_\_\_

- (a) Name, address, company web address, and telephone number of the Business Entity and of its Registered Agent;
- (b) Dates, by month and year, that you were associated in any capacity with the Business Entity;
- (c) Description of the Business Entity;
- (d) Description of your association in all capacities with the Business Entity, including titles and duties relating to the Business Entity;
- (e) A description of any Gaming related operations by the Business Entity.

10. If any Business Entity that you currently serve or have served as a Substantial Owner or Key Person has been adjudicated as bankrupt or filed a petition for any type of bankruptcy protection or insolvency since your last Indiana investigation, include as **Exhibit 10**, the following for each instance:

If Exhibit 10 does not apply, initial here: \_\_\_\_\_

- (a) Date of bankruptcy;
- (b) The discharge of the bankruptcy;
- (c) The bankruptcy case number;
- (d) A copy of the bankruptcy petition;
- (e) A copy of the approved plan of reorganization.

#### GAMING

11. If you or any member of your Immediate Family has acquired an ownership, pecuniary, financial, or any other interest in a Gaming Entity, or warrants to acquire the same, inclusive of those held in trust, or if you or any member of your Immediate Family have been affiliates as a Key Person, employee, or Substantial Owner of a Gaming Entity since your last Indiana investigation, provide the following as **Exhibit 11** for each instance:

If Exhibit 11 does not apply, initial here: \_\_\_\_\_

- (a) Name, address, and telephone number of the Gaming Entity;
- (b) Immediate Family member's name and relationship to you;
- (c) Dates, by month and year, that you or your Immediate Family member held any interest or affiliation in the Gaming Entity;
- (d) A detailed description of the Gaming Entity's business;
- (e) The approximate percentage of ownership, if over one percent (1%), in the Gaming Entity held by you or your Immediate Family member;
- (f) Amount of debt owed to you or your Immediate Family member by the Gaming Entity;
- (g) Whether you or your Immediate Family member actively participates in the management or operation of the Gaming Entity;
- (h) If interest acquired is in trust, provide a copy of the instrument creating the fiduciary obligation.

12. If you or any Business Entity in which you have been a Key Person or Substantial Owner have withdrawn an application, had an application denied, or had a license not renewed from any jurisdiction since your last Indiana investigation, provide the following as **Exhibit 12** for each occurrence:

If Exhibit 12 does not apply, initial here: \_\_\_\_\_

- (a) Date and jurisdiction of withdrawal, denial, or non-renewal;
- (b) Reason for withdrawal, denial, or non-renewal.

13. If you have been included or removed from Indiana's Statewide Exclusion List, or any similar exclusion or prohibited persons list related to gaming in any other jurisdiction, since your last Indiana investigation, submit as **Exhibit 13** the following for each instance

If Exhibit 13 does not apply, initial here: \_\_\_\_\_

- (a) The effective date;
- (b) Agency that maintains the list, and state or jurisdiction where excluded/prohibited;
- (c) Reason for placement on the list;
- (d) The date the exclusion expires or that you were removed from exclusion, if applicable.

#### FAMILY

14. If there have been any changes to your marital status since your last Indiana investigation, please provide the following as **Exhibit 14**:

If Exhibit 14 does not apply, initial here: \_\_\_\_\_

- (a) The type of change to your marital status;
- (b) Submit the following information for any new spouse, fiancé, or domestic partner:
  - (1) Full name, including any maiden names or aliases;
  - (2) Date and place of your marriage;
  - (3) Driver's license number and state where licensed;
  - (4) Age, date, and place of birth;
  - (5) Residential address and telephone number;
  - (6) Occupation;
  - (7) Name, business address, and telephone number of employer.

15. Submit as **Exhibit 15** the name, address, and title of any Public Official, officer, or employee of any unit of government, or Relative of said Public Official, officer, or employee, who:

If Exhibit 15 does not apply, initial here: \_\_\_\_\_

- (a) Directly or indirectly owns any financial interest in you or has options to obtain the same;
- (b) Who has made loans to you or on your behalf;
- (c) Is a creditor of or hold any Debt Instrument issued by you; or
- (d) Hold or has any interest in any contractual employment or service relationship with you.

#### LITIGATION

16. If you as an Individual have been a party to a lawsuit (including personal bankruptcy) or to any administrative adjudicatory proceeding or claim since your last Indiana investigation, provide the following as **Exhibit 16** for each lawsuit or proceeding:

If Exhibit 16 does not apply, initial here: \_\_\_\_\_

- (a) For each lawsuit:
  - (1) Names of the parties;
  - (2) Case number;
  - (3) Name and location of the court;
  - (4) Brief description of the case;
  - (5) Disposition of the case.
- (b) For all pending litigation, unsatisfied judgements, decrees, restraining orders, protective orders, or injunctive orders:
  - (1) The type and amount of relief sought;
  - (2) An assessment of the impact, if any, that the action may have on you or any Gambling Operation.



## CRIMINAL HISTORY

**NOTE: FAILURE TO REPORT ANY ARREST, DETAINMENT, CHARGE, INDICTMENT, OR CONVICTION THAT HAS NOT BEEN EXPUNGED OR SEALED BY A COURT WHETHER A MISDEMEANOR OR A FELONY, IS CAUSE FOR DISCIPLINARY ACTION OR REVOCATION OF LICENSURE.**

17. If you have been arrested, detained, charged, indicted, convicted, received a pretrial diversion, pleaded guilty or nolo contendere, exercised your Fifth Amendment rights, or forfeited bail concerning any criminal offense, either felony or misdemeanor, in any state or foreign country (except for arrests which have been sealed or convictions which have been expunged by a court, or traffic infractions), since your last Indiana investigation, provide the following **Exhibit 17(a)** for each case. Traffic related misdemeanors or felonies that are not sealed or expunged by a court must be reported.

**If Exhibit 17(a) does not apply, initial here:** \_\_\_\_\_

- (1) Date (month, day, year);
- (2) Your age at the time;
- (3) Name and location, including city, county, state and country, of the court and/or the arresting and/or prosecuting agencies;
- (4) Case number;
- (5) Offense;
- (6) Whether felony or misdemeanor charge;
- (7) Final disposition;
- (8) Location and length of incarceration, if any.

If you have been named as an unindicted co-party or granted immunity in a criminal prosecution since your last Indiana investigation, provide as **Exhibit 17(b)** all details.

**If Exhibit 17(b) does not apply, initial here:** \_\_\_\_\_

If you have been investigated or questioned by a city, county, state, or federal regulatory or law enforcement agency, board, commission, or committee since your last Indiana investigation, provide as **Exhibit 17(c)** all details.

**If Exhibit 17(c) does not apply, initial here:** \_\_\_\_\_

If you have been subpoenaed to appear, provide documents, or testify in a trial or before a county, state, or federal grand jury, board, committee, law enforcement agency, or commission since your last Indiana investigation, provide as **Exhibit 17(d)** all details, including relevant documentation.

**If Exhibit 17(d) does not apply, initial here:** \_\_\_\_\_

If you have had a civil record sealed by court order since your last Indiana investigation, provide as **Exhibit 17(e)** all details.

**If Exhibit 17(e) does not apply, initial here:** \_\_\_\_\_

If you have received a pardon, executive clemency, or post-conviction dismissal since your last Indiana investigation, provide as **Exhibit 17(f)** all details.

**If Exhibit 17(f) does not apply, initial here:** \_\_\_\_\_

If any member of your Immediate Family or of your spouse's Immediate Family has been convicted of a Felony, (except for arrests which have been sealed or convictions which have been expunged by a court), since your last Indiana investigation, provide the following as **Exhibit 17(g)**, for each Felony.

**If Exhibit 17(g) does not apply, initial here:** \_\_\_\_\_

- (1) Date (month, day, year);
- (2) The Immediate Family member's name, date of birth, current address, telephone number, and age at the time of offense;
- (3) Name and location, including city, county, state, and country, of the court and/or the arresting and/or prosecuting agencies;
- (4) Case number;
- (5) Offense;
- (6) Final disposition;
- (7) Location and length of incarceration, if any.

18. For those Applicants whose legal residence(s) are outside the United States or who reside the majority (six months of the calendar year or more) of their time outside of the United States, submit as **Exhibit 18** recent national law enforcement/police clearance(s) for those jurisdiction(s).

If Exhibit 18 does not apply, initial here: \_\_\_\_\_

#### FINANCIAL

19. If you or any member of your Immediate Family has filed any claims in excess of \$100,000 under any insurance policy, except health and life insurance, since your last Indiana investigation, submit as **Exhibit 19** the following for each claim:

If Exhibit 19 does not apply, initial here: \_\_\_\_\_

- (a) Date of each claim;
- (b) Name and address of the insurance carrier with whom each claim was filed;
- (c) Nature of each claim;
- (d) Final disposition of each claim.

20. If, since your last Indiana investigation, you or any member of your Immediate Family has given or received any gift(s), whether tangible or intangible, that either individually or in the aggregate exceeded \$10,000 in value in any twelve (12) month period, submit as **Exhibit 20** the following for each applicable gift:

If Exhibit 20 does not apply, initial here: \_\_\_\_\_

- (a) Name of each recipient;
- (b) Name of each donor;
- (c) Description of the gift;
- (d) Gift's approximate value;
- (e) Approximate date that each gift was received.

21. If, other than in a professional capacity, since your last Indiana investigation, you have been a beneficiary under, settlor, trustee, or other fiduciary of or grantor or transferor to any trust, submit as **Exhibit 21** the following for each trust:

If Exhibit 21 does not apply, initial here: \_\_\_\_\_

- (a) Copy of the trust;
- (b) Nature and terms of your connection with the trust;
- (c) Location of the trust assets.

22. If, since your last Indiana investigation, you have made a cash (currency) transaction of \$10,000 or more, or multiple cash transactions totaling \$10,000 or more within a thirty (30) day period, submit the following as **Exhibit 22** for each transaction or set of multiple transactions:

If Exhibit 22 does not apply, initial here: \_\_\_\_\_

- (a) Date of transaction(s);
- (b) Amount of transaction(s);
- (c) With whom the transaction(s) were made;
- (d) Purpose of the transaction(s).

23. If you, since your last Indiana investigation have been court-ordered or agreed to pay child support or alimony or have been deemed delinquent in paying your court-ordered child support or alimony, include as **Exhibit 23**, the following for each order:

If Exhibit 23 does not apply, initial here: \_\_\_\_\_

- (a) Name of other parties involved;
- (b) Name and location of issuing court;
- (c) Date order was issued;
- (d) Schedule of payment, amount to be paid, and current status of your payments;
- (e) Copy of court order;
- (f) The date of each instance when you were more than thirty (30) days late with the payment;

#### ASSETS

24. Submit as **Exhibit 24**, copies of the last thirty-six (36) monthly statements for all of your personal bank statements. This includes, but is not limited to, individual and joint accounts and any account(s) closed within the thirty-six (36) month period.

25. Submit as **Exhibit 25**, copies of the last thirty-six (36) monthly statements for all of your personal investment accounts. This includes but is not limited to individual and joint accounts. For 401K and other retirement accounts, provide only summary statements for the last three (3) years (not monthly statements).

If Exhibit 25 does not apply, initial here: \_\_\_\_\_

26. Submit as **Exhibit 26**, a listing of all of your accounts utilized for gambling or wagering purposes not previously disclosed in Exhibits 24 and 25. This includes any virtual accounts or those held or provided by a specific Gaming Entity. For each account, please provide the following:

If Exhibit 26 does not apply, initial here: \_\_\_\_\_

- (a) Type of account;
- (b) Where or with whom the account is held;
- (c) Current balance.

27. Submit as **Exhibit 27**, a listing of all other asset and financial accounts not listed in previous exhibits, including virtual and/or cryptocurrency accounts. For each account, please provide the following:

If Exhibit 27 does not apply, initial here: \_\_\_\_\_

- (a) Type of account;
- (b) Type of cryptocurrency (when applicable);
- (c) Where or with whom the account is held (including digital wallets);
- (d) Account number;
- (e) Current balance.

#### LIABILITIES

28. Provide the following, as **Exhibit 28**, for each instance since your last Indiana investigation you have secured, guaranteed, co-signed, or otherwise insured payment of a loan, debt, or other financial obligation for another person:

If Exhibit 28 does not apply, initial here: \_\_\_\_\_

- (a) Nature of the obligation;
- (b) Date the obligation was made;
- (c) Name(s) of the person responsible for the obligation;
- (d) Current status of the underlying obligation.

#### TAXES

29. Submit as **Exhibit 29** true and accurate copies of your personal state, federal, and/or foreign tax returns for the last three (3) years. Include all W-2s, K-1s, schedules, and attachments. Include the same information for your spouse if filed jointly.

30. If you owed any payment on the tax returns submitted as Exhibit 29, or you have any state, federal, or foreign tax liabilities, submit as **Exhibit 30** the following for each liability:

If Exhibit 30 does not apply, initial here: \_\_\_\_\_

- (a) Amount owed;
- (b) Proof of payment or proof of established payment plan.

31. Since your last Indiana investigation, if you have ever had any municipal, state, federal, or foreign tax returns audited or adjusted, submit as **Exhibit 31**, a description of the facts, circumstances, and results of each audit or adjustment.

If Exhibit 31 does not apply, initial here: \_\_\_\_\_

32. If you have filed tax returns in the United States, submit as **Exhibit 32** Tax Account Transcripts from the IRS for the last three (3) years, or proof that transcripts have been requested.

For more information, visit <https://www.irs.gov/individuals/get-transcript>.

If you have not filed tax returns in the US in the last three (3) years, initial here: \_\_\_\_\_

33. If you have an ownership interest in a Business Entity of fifty percent (50%) or more, include as **Exhibit 33**, copies of any related tax returns, including but not limited to Partnership Tax Returns (Form 1065) and/or Subchapter S Corporation Tax Returns (Form 1120S) for the last three (3) years.

If Exhibit 33 does not apply, initial here: \_\_\_\_\_

34. As **Exhibit 34**, complete the following attachments to this Application: Assets (Schedules A-G), Liabilities (Schedules H-K), the Balance Sheet, and the Annual Income Statement.

**VERIFICATION**

STATE OF \_\_\_\_\_ SS:

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ BEING FIRST DULY SWORN UPON OATH OR AFFIRMATION, DEPOSE AND STATE:

*PRINTED NAME OF APPLICANT*

- (1) I AM THE INDIVIDUAL WHO IS SUBMITTING THIS APPLICATION.
- (2) I PERSONALLY SUPPLIED THE INFORMATION CONTAINED IN THIS APPLICATION.
- (3) I SWEAR (OR AFFIRM) THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, COMPLETE, AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
*SIGNATURE OF APPLICANT*

\_\_\_\_\_  
*DATE (MM/DD/YYYY)*

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

\_\_\_\_\_  
*PRINTED NAME OF APPLICANT*

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

**WITNESS**, MY HAND AND NOTARIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_ YEAR .  
*DAY MONTH YEAR*

\_\_\_\_\_  
*SIGNATURE OF NOTARY PUBLIC*

\_\_\_\_\_  
*PRINTED NAME OF NOTARY PUBLIC*

\_\_\_\_\_  
*DATE COMMISSION EXPIRES (MM/DD/YYYY)*

\_\_\_\_\_  
*COUNTY OF RESIDENCE*

\_\_\_\_\_  
*PLACE NOTARY SEAL/STAMP ABOVE*

TO: \_\_\_\_\_

FROM: \_\_\_\_\_  
*PRINTED NAME OF APPLICANT*

1. I HEREBY AUTHORIZE AND REQUEST ALL PERSONS OR ENTITIES TO WHOM THIS REQUEST IS PRESENTED HAVING INFORMATION RELATING TO OR CONCERNING ME TO FURNISH SUCH INFORMATION TO A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION, WHETHER OR NOT SUCH INFORMATION WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTION, STATUTORY OR OTHER LEGAL PRIVILEGE.
2. I HEREBY AUTHORIZE AND REQUEST ALL PERSONS OR ENTITIES TO WHOM THIS REQUEST IS PRESENTED HAVING DOCUMENTS RELATING TO OR CONCERNING ME TO PERMIT A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION TO REVIEW AND COPY ANY SUCH DOCUMENTS, WHETHER OR NOT SUCH DOCUMENTS WOULD OTHERWISE BE PROTECTED FROM DISCLOSURE BY ANY CONSTITUTIONAL, STATUTORY OR OTHER LEGAL PRIVILEGE.
3. IF THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED IS A BROKERAGE FIRM, BANK, SAVINGS AND LOAN, OR OTHER FINANCIAL INSTITUTION OR ANY OFFICER OF SAME, I HEREBY AUTHORIZE AND REQUEST THAT A DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION BE PERMITTED TO REVIEW AND OBTAIN COPIES OF ANY AND ALL DOCUMENTS, RECORDS OR CORRESPONDENCE PERTAINING TO ME, INCLUDING BUT NOT LIMITED TO PAST LOAN INFORMATION, NOTES CO-SIGNED BY ME, CHECKING ACCOUNT RECORDS, SAVINGS DEPOSIT RECORDS, SAFE DEPOSIT BOX RECORDS, PASSBOOK RECORDS, AND GENERAL LEDGER FOLIO SHEETS.
4. I DO HEREBY MAKE, CONSTITUTE, AND APPOINT ANY DULY APPOINTED AGENT OF THE INDIANA GAMING COMMISSION MY TRUE AND LAWFUL AGENT FOR ME IN MY NAME, PLACE, STEAD, AND ON BEHALF AND FOR MY USE AND BENEFIT IN THE RETRIEVAL OF INFORMATION, WHETHER OR NOT SUCH INFORMATION IS CONSIDERED CONFIDENTIAL, BUT ONLY IN CONNECTION WITH THE LAWFUL BACKGROUND INVESTIGATION REQUIRED TO ASCERTAIN MY SUITABILITY FOR A GAMING LICENSE. I DO HEREBY AUTHORIZE SAID AGENT:
  - (a) TO REQUEST, REVIEW, COPY, SIGN FOR, OR OTHERWISE ACT ON MY BEHALF FOR INVESTIGATIVE PURPOSES WITH RESPECT TO DOCUMENTS AND INFORMATION IN THE POSSESSION OF THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AS I MIGHT;
  - (b) TO NAME THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AND INSERT THAT PERSON'S OR ENTITY'S NAME IN THE APPROPRIATE LOCATION ON THIS REQUEST;
  - (c) TO PLACE THE NAME OF THE INDIANA GAMING COMMISSION AGENT PRESENTING THIS REQUEST IN THE APPROPRIATE LOCATION ON THIS REQUEST.
5. I GRANT TO SAID AGENT FULL POWER AND AUTHORITY TO REQUEST, REVIEW, COPY, AND PERFORM ALL AND EVERY ACT AND THING WHATSOEVER REQUISITE, PROPER, OR NECESSARY TO BE DONE, IN THE EXERCISE OF ANY OF THE RIGHTS AND POWERS TO GATHER INFORMATION HEREIN GRANTED, AS FULLY AS TO ALL INTENTS AND PURPOSES AS I MIGHT OR COULD DO IF PERSONALLY PRESENT, WITH FULL POWER OF SUBSTITUTION OR REVOCATION, HEREBY RATIFYING AND CONFIRMING ALL THAT SAID AGENT, OR HIS SUBSTITUTE OR SUBSTITUTES, SHALL LAWFULLY DO OR CAUSE TO BE DONE BY VIRTUE OF THIS AUTHORIZATION AND RIGHTS AND POWERS HEREIN GRANTED.
6. THIS AUTHORIZATION ENDS THIRTY-SIX (36) MONTHS FROM THE DATE OF EXECUTION OR AT THE TERMINATION OF ALL LICENSES ISSUED TO APPLICANT/ME BY THE INDIANA GAMING COMMISSION, WHICHEVER OCCURS LATER.
7. I DO, FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED, AND HIS OR ITS AGENTS AND EMPLOYEES FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS, AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH I EVER HAD, NOW HAVE, MAY HAVE, OR CLAIM TO HAVE AGAINST THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED OR HIS OR ITS AGENTS OR EMPLOYEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.
8. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE PERSON OR ENTITY TO WHOM THIS REQUEST IS PRESENTED AND HIS OR ITS AGENTS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, DAMAGES, LOSSES, AND EXPENSES, INCLUDING REASONABLE ATTORNEYS' FEES ARISING OUT OF OR BY REASON OF COMPLYING WITH THIS REQUEST.
9. A REPRODUCTION OF THIS REQUEST BY PHOTOCOPY SHALL BE FOR ALL INTENTS AND PURPOSES AS VALID AS THE ORIGINAL.

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AT \_\_\_\_\_ , \_\_\_\_\_  
CITY STATE

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_  
DAY MONTH YEAR

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_ .  
DAY MONTH YEAR

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
DATE COMMISSION EXPIRES (MM/DD/YYYY)

\_\_\_\_\_  
COUNTY OF RESIDENCE

\_\_\_\_\_  
PLACE NOTARY SEAL/STAMP ABOVE

## RELEASE OF ALL CLAIMS

THE UNDERSIGNED HAS FILED WITH THE INDIANA GAMING COMMISSION ("COMMISSION") CERTAIN FORMS AND DOCUMENTS IN CONNECTION WITH A WRITTEN REQUEST FOR LICENSING BY THE COMMISSION ("APPLICATION"). IN CONSIDERATION OF THE ASSURANCE BY THE COMMISSION A DETERMINATION OF SUITABILITY OF THE UNDERSIGNED WILL BE MADE FOLLOWING THE COMPLETION OF A DELIBERATE, INTENSIVE AND THOROUGH INVESTIGATION OF THE UNDERSIGNED, INCLUDING BUT NOT LIMITED TO BACKGROUND, ASSOCIATES, AND FINANCES, THE UNDERSIGNED DOES FOR MYSELF, MY HEIRS, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS, HEREBY RELEASE, REMISE, AND FOREVER DISCHARGE THE STATE OF INDIANA, THE COMMISSION, ITS MEMBERS, AGENTS, AND EMPLOYEES, FROM ANY AND ALL MANNER OF ACTIONS, CAUSES OF ACTION, SUITS, DEBTS, JUDGMENTS, EXECUTIONS, CLAIMS AND DEMANDS WHATSOEVER, KNOWN OR UNKNOWN, IN LAW OR EQUITY, WHICH THE UNDERSIGNED EVER HAD, NOW HAS, MAY HAVE, OR CLAIM TO HAVE AGAINST ANY OR ALL OF SAID ENTITIES OR INDIVIDUALS ARISING OUT OF OR BY REASON OF THE PROCESSING OR INVESTIGATION OF OR OTHER ACTION RELATING TO THE APPLICATION.

I, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

IN WITNESS WHEREOF, I HAVE EXECUTED THIS RELEASE AT \_\_\_\_\_ , \_\_\_\_\_  
CITY STATE

ON THE \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_  
DAY MONTH YEAR

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC IN AND FOR SAID COUNTY AND STATE, PERSONALLY APPEARED

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

AND ACKNOWLEDGED THE EXECUTION OF THE FOREGOING INSTRUMENT AT THEIR VOLUNTARY ACT AND DEED.

WITNESS, MY HAND AND NOTARIAL SEAL, THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ , \_\_\_\_\_ .  
DAY MONTH YEAR

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
DATE COMMISSION EXPIRES (MM/DD/YYYY)

\_\_\_\_\_  
COUNTY OF RESIDENCE

\_\_\_\_\_  
PLACE NOTARY SEAL/STAMP ABOVE

ASSET SCHEDULES								
Schedule A								
Cash on Hand and in Banks								
Cash on hand, personally and at your home?								
List all foreign and domestic Bank Accounts maintained by you, your spouse, or your dependent children.								
NAME OF BANK	ADDRESS	TELEPHONE NUMBER	NAMES ON ACCOUNT	ACCOUNT NUMBER	DATE OPENED	TYPE OF ACCOUNT	INTEREST RATE	CURRENT BALANCE
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE				(MM/DD/YYYY)			
TOTAL:								



Schedule B							If none, initial here:	
Accounts and Notes Receivable								
List all Accounts and Notes Receivable held by you, your spouse, or your dependent children.								
NAME OF DEBTOR	ADDRESS	TELEPHONE NUMBER	PURPOSE	DATE OPENED	INTEREST RATE	COLLATERAL	ORIGINAL AMOUNT	AMOUNT OUTSTANDING
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE			(MM/DD/YYYY)				
TOTAL:								

Schedule C							If none, initial here:	
Non-Retirement Investments								
List all Accounts held by you, your spouse, or your dependent children.								
BROKERAGE INSTITUTION	ADDRESS	ACCOUNT NUMBER	TYPE OF ACCOUNT	NAME ON ACCOUNT	NAME OF BROKER	TELEPHONE NUMBER	DATE OF BALANCE	ACCOUNT BALANCE
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE						(MM/DD/YYYY)	
TOTAL:								

Schedule D							If none, initial here:	
Retirement Investments								
List all Accounts held by you, your spouse, or your dependent children.								
BROKERAGE INSTITUTION	ADDRESS	ACCOUNT NUMBER	TYPE OF ACCOUNT	NAME ON ACCOUNT	NAME OF BROKER	TELEPHONE NUMBER	DATE OF BALANCE	ACCOUNT BALANCE
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE						(MM/DD/YYYY)	
TOTAL:								

Schedule E						If none, initial here:	
Business Investments							
List all businesses wholly or partially owned by you, your spouse, or your dependent children.							
NAME OF BUSINESS	ADDRESS	TELEPHONE NUMBER	BUSINESS PURPOSE	YOUR TITLE	% OF OWNERSHIP	YEARS ASSOCIATED	APPROXIMATE VALUE
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE						
TOTAL:							

Schedule F							If none, initial here:	
Real Estate								
List any direct, indirect, vested, or contingent interest in any Real Estate held or controlled by you, your spouse, or your dependent children.								
OWNER OF RECORD	ADDRESS	TYPE	PURPOSE	% OF OTHERS OWNERSHIP	PURCHASE PRICE	SIZE	CURRENT VALUE	ANNUAL INCOME
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE							
TOTAL:								

Schedule G					If none, initial here:	
Other Assets						
List the Other Assets in excess of \$3,000 owned by you, your spouse, or your dependent children. Include any sports wagering or virtual currency accounts, regardless of balance.						
ASSET TYPE	OTHER INFORMATION	DATE OF PURCHASE	VALUATION METHOD	PURCHASE PRICE	IS IT INSURED?	APPROXIMATE MARKET VALUE
		(MM/DD/YYYY)			(Y/N)	
TOTAL:						

LIABILITY SCHEDULES								
Schedule H							If none, initial here:	
Short Term Notes and Credit Cards Payable (Not Including Mortgage)								
List all Short-Term Notes and Credit Cards Payable that you, your spouse, or your dependent children are obligated								
NAME OF CREDITOR	ADDRESS	TELEPHONE NUMBER	PURPOSE	COLLATERAL	AUTHORIZED AMOUNT	MATURITY DATE	INTEREST RATE	AMOUNT OUTSTANDING
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE					(MM/DD/YYYY)		
TOTAL:								

Schedule I							If none, initial here:	
Mortgages Payable								
List all Mortgages Payable that you, your spouse, or your dependent children are obligated								
NAME OF CREDITOR	ADDRESS	TELEPHONE NUMBER	PURPOSE	COLLATERAL	INTEREST RATE	MATURITY DATE	ORIGINAL AMOUNT	AMOUNT OUTSTANDING
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE					(MM/DD/YYYY)		
TOTAL:								



Schedule J							If none, initial here:	
Other Liabilities								
List all Other Liabilities or indebtedness in excess of \$3,000 that you, your spouse, or your dependent children are obligated								
NAME OF CREDITOR	ADDRESS	TELEPHONE NUMBER	PURPOSE	COLLATERAL	INTEREST RATE	MATURITY DATE	ORIGINAL AMOUNT	AMOUNT OUTSTANDING
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE					(MM/DD/YYYY)		
TOTAL:								

Schedule K							If none, initial here:	
Contingent Liabilities								
List the Contingent Liabilities that you, your spouse, or your dependent children are obligated								
NAME OF PARTY	ADDRESS	TELEPHONE NUMBER	PURPOSE	COLLATERAL	INTEREST RATE	MATURITY DATE	ORIGINAL AMOUNT	AMOUNT OUTSTANDING
	STREET ADDRESS, CITY, STATE, COUNTRY, AND ZIP CODE					(MM/DD/YYYY)		
TOTAL:								

BALANCE SHEET	
<b>Assets</b>	
<i>Current Assets</i>	
Cash on Hand	\$
Cash in Banks	\$
Accounts and Notes Receivable	\$
<i>Investments</i>	
Non-Retirement Investments	\$
Retirement Investments	\$
Business Investments	\$
<i>Fixed Assets</i>	
Real Estate	\$
<i>Other Assets</i>	
	\$
	\$
	\$
<b>ASSETS TOTAL:</b>	\$
<b>Liabilities</b>	
<i>Current Liabilities</i>	
Notes and Credit Cards Payable	\$
<i>Long Term Liabilities</i>	
Mortgages Payable	\$
<i>Other Liabilities</i>	
	\$
	\$
	\$
Contingent Liabilities	\$
<b>LIABILITIES TOTAL:</b>	\$
<b>Net Worth [(Assets Total) - (Liabilities Total)]:</b>	\$

ANNUAL INCOME STATEMENT			
YEAR:			
	ONE YEAR PRIOR	TWO YEARS PRIOR	THREE YEARS PRIOR
Wage Income			
Taxable Interest (IRS Schedule B)			
Dividends			
Alimony Received			
Business Income (IRS Schedule C, C-EZ, and E)			
Capital Gains/(Losses)			
Qualified Plan Distributions			
Other Income			
TOTAL:			

## PAGE TO BE RETAINED BY APPLICANT

### Privacy Act Statement

*This privacy act statement is located on the back of the FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your Application, supplemental authorities include federal statutes, state statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your Application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this Application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this Application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Updated 03/30/2018

### Agency Privacy Requirements for Noncriminal Justice Applicants

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an Applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the Applicant is provided certain notices and that the results of the check are handled in a manner that protects the Applicant's privacy. All notices must be provided in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each Applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the Applicant submits his/her fingerprints and associated personal information.<sup>2</sup>
- Officials must advise all Applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the Applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the Applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

The FBI has no objection to officials providing a copy of the Applicant's FBI criminal history record to the Applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the Applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the Applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the Applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist state and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

Updated 11/06/2019

<sup>1</sup> Written notification includes electronic notification but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

## PAGE TO BE RETAINED BY APPLICANT

### Noncriminal Justice Applicant's Privacy Rights

As an Applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an Application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

Updated 11/06/2019

<sup>1</sup> Written notification includes electronic notification but excludes oral notification.

<sup>2</sup> See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).