

CENTRAL STATE REPOSITORY
CRIMINAL HISTORY REQUEST

FAX: (602) 223-2983

EMAIL: AZ_CENTRALSTATEREPOSITORY@AZDPS.GOV

REQUESTOR'S INFORMATION: (*REQUIRED INFORMATION)

REQUESTOR'S

NAME*: _____

EMAIL*: _____ **TEL #*:** _____

COURT/AGENCY NAME*: _____

COURT/AGENCY ORI*: _____

SUBJECT/DEFENDANT'S INFORMATION:
(*REQUIRED INFORMATION)

SUBJECT/DEFENDANT'S NAME*: _____

DOB*: _____ **SOCIAL SECURITY #:** _____

SEX: _____ **RACE:** _____

AKAs: _____ **DOB:** _____

Note: Any information returned to the court as a result of this request, is protected by A.R.S. 41-1750(Q)(4). The information is not to be disseminated to anyone outside of the court (this includes the defendant and/or their attorney).

The results of this search are based on a name search. No positive identification has been made linking an individual to a criminal record. If positive identification is required, a record review will need to be conducted using the defendant's fingerprints.