

**Request for MorphoTrust USA Cardscan Fingerprinting Services  
NYS Division of Criminal Justice Services (DCJS) Record Review Program**

**Instructions for Applicant**

- A. Please complete Part 1 and print out the application form (Parts 1 and 2). Part 1 must be filled out electronically or if printed must be typed. **Handwritten forms will be returned.**
- B. In completing Part 1, you **must choose** the **one** Record Review Response Type that you wish to receive as detailed below:
- **Personal Record Review – Unsuppressed.** The applicant will receive his/her New York State criminal history record information based upon a fingerprint based search **including all sealed information noted below** and any arrests that resulted in a youthful offender adjudication.
  - **Personal Record Review – Suppressed.** The applicant will receive his/her New York State criminal history record information based upon a fingerprint based search. **The following sealed/suppressed information will not be included:** criminal history record information sealed or suppressed under Criminal Procedure Law Sections 160.50 (dismissed cases), 160.55 (eligible violation convictions), 160.58 (eligible substance abuse and related convictions) and 720.35 (Youthful Offender adjudications). Individual charges dismissed in court and the equivalent arrest charges are also not included if the case was disposed on or after November 1, 1991.

Any questions about the type of response selected should be directed to the New York State Division of Criminal Justice Services (DCJS) by telephone (518-457-9847 and 518-485-7675) or by reviewing the Record Review website at <http://www.criminaljustice.ny.gov/ojis/recordreview.htm>,

- C. If appropriate, complete an authorization on the application form to have the Record Review response mailed to your attorney.
- D. Please sign and have notarized the affirmation for Part 1. If a minor under eighteen, the parent or guardian must sign. All other fields must be completed with information relative to the minor whose prints are being submitted.
- E. Please bring a fingerprint card and this form to a law enforcement agency to get fingerprinted. Record Review staff can mail the fingerprint card or you can download a Federal Bureau of Investigation (FBI) FD-258 card from <https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf/view>
- F. The law enforcement agency must complete Part 2 including indicating the two forms of identification that you provided **including one photograph unless you are under age 18 and provide one of the acceptable alternate documents listed in Part 2.**
- G. Please mail the application form, the fingerprint card, copies of the two forms of identification used, and the required payment of \$62.00 made out to MorphoTrust USA (see payment section in application form for types of acceptable payments) and mail the package to:

New York State Division of Criminal Justice Services  
Record Review Unit- 5<sup>th</sup> Floor  
80 South Swan Street  
Albany, New York 12210

- H. After reviewing application for completeness, the Record Review Unit staff will forward it to MorphoTrust USA for processing.
- I. MorphoTrust USA will enter the data and fingerprints and electronically send the application to DCJS.
- J. Upon receipt, DCJS will process the request and return the response within seven to ten business days with a form that you may use to challenge your criminal history.
- K. You can contact the Record Review Unit at 518-457-9847 and 518-485-7675 with any questions.

**PART 1: Record Review Cardscan Fingerprinting Services Application**

**\*Mandatory Fields**

**Contributor Agency Section:**

ORI: NYDCJSPRY Contributor Agency: DCJS Record Review Program  New Submission  Resubmission

\*Response Type Requested (Check **one**):  Unsuppressed  Suppressed

Purpose of Fingerprinting (optional): \_\_\_\_\_

**Applicant Section:**

\*Name of Applicant: \*Last \_\_\_\_\_ \*First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Alias (es) or Maiden Name \_\_\_\_\_

\*Current Street Address: \_\_\_\_\_ Apt/Building \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Country: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

\*Date of Birth (Month/Day/Year): \_\_\_\_\_ Age: \_\_\_\_\_ \*Sex:  Male  Female \*Race: \_\_\_\_\_

\*Ethnicity:  Hispanic  Non-Hispanic  Unknown \*Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. \*Weight: \_\_\_\_\_ lbs.

\*Skin Tone: \_\_\_\_\_ \*Eye Color: \_\_\_\_\_ \*Hair Color: \_\_\_\_\_

\*State / Country of Birth: \_\_\_\_\_ \*Country of Citizenship: \_\_\_\_\_

\*Primary Contact: Telephone (and/or) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**TO SEND RECORD REVIEW RESPONSE TO ATTORNEY, CHECK BOX AND COMPLETE INFORMATION BELOW**

Name of Attorney: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Suite/Floor \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Affirmation Section:**

**I hereby affirm that the information contained in the application and the supporting documents are true and do not contain any false statements or omissions of any material information or facts. I understand that the making of false written statements in this application is punishable as a class A misdemeanor under Section 175.30 and/or Section 210.45 of the New York Penal Law.**

\*Applicant or Guardian <sup>(1)</sup> Signature: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\*Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
\*Notary Public

<sup>(1)</sup> If under eighteen, the parent or guardian must sign

**\*Payment Section:**

Payment options include: personal or business check, certified check, bank check, or money order made out to "MorphoTrust USA" or credit card for \$ 62.00. **Credit Card must be billed to a United States address.**

Paid by:

Check or Money Order Check Number: \_\_\_\_\_

Visa  Master Card  American Express  Discover

Card Number: \_\_\_\_\_ Expires: \_\_\_\_\_

**Part 2: Fingerprint Certification Form**

\*Applicant Name: \_\_\_\_\_

**To be filled in by Fingerprinting Officer:**

\*Name/Title: \_\_\_\_\_

\*Agency: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Signature: \_\_\_\_\_ \*Fingerprinting Date: \_\_\_\_\_

**\*Please check the two forms of identification provided by applicant including one with a photograph.**

**Column A (must have photograph):**

- Unexpired U.S. Passport
- Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
- Unexpired foreign passport
- Unexpired Employment Authorization Document that contains a photograph (Form I-766);
- Unexpired driver's license issued by a state or Territory of the U.S. provided it contains a photograph and information including the name, date of birth, gender, height, eye color and address
- Unexpired ID card issued by a federal, state, or local government agency or a government agency of a Territory of the U.S., provided it contains a photograph and information such as name, date of birth, gender, height, eye color and address
- Uniformed Services Identification Card (Form DD-1172-2)
- U.S. Military Identification Card
- U.S. Coast Guard Merchant Mariner Card
- Unexpired Canadian Driver's License
- Federal Government Personal Identity Card (PIV)
- Department of Defense Common Access Card
- School Student ID card with a photograph (when accompanied by an original or certified copy of a birth certificate issued by a state, county, municipal authority or a Territory of the United States, bearing an official seal, a U.S. Social Security Card, or a Student Visa (F1/M1) issued by the U.S. Department of Consular Affairs)

**Column B:**

- U.S. Military Service Record (Form DD-214);
- Military Dependent's Identification Card
- Native American tribal document
- U.S. Tribal or Bureau of Indian Affairs Identification Card
- U.S. Social Security card
- Original or certified copy of a birth certificate issued by a state, county, municipal authority or Territory of the United States, bearing an official seal
- Certification of Birth Abroad issued by the U.S. Department of State
- Student Visa (F1/M1) issued by the U.S. Bureau of Consular Affairs
- International Driving Permit
- Unexpired Foreign Driver's License
- Unexpired U.S. Visa issued by the U.S. Department of Consular Affairs for travel to or within, or residence within, the United States (Examples: Temporary Worker Visa (B1/B2/H1B/H2B/L1/TN1), Permanent Employment Visa (EB 1-5), Visitor Visa (B2), Cultural Exchange Visa (J1), or Temporary Non-Immigrant Religious Worker Visa (R1))
- U.S. Citizen ID Card (Form I-197)
- Certificate of Citizenship (N-560)
- Replacement of Certificate of Citizenship (N-561)
- Certificate of Naturalization (N-550)
- Replacement Certificate of Naturalization (N-570)

**\*For persons under age of 18 with no photo identification, you must provide one form of identification from Column B AND one of the following:**

- A certified school record or report card; OR
- Clinic, doctor or hospital record.

Forward all forms and documentation to:  
New York State Division of Criminal Justice Services  
Record Review Unit- 5<sup>th</sup> Floor  
80 South Swan Street  
Albany, New York 12210