

BACKGROUND STATEMENT

If you answered yes to any question numbered 18-27, you must complete the portion(s) of this form that are applicable. If there is not enough space to provide all details or required information, you must copy this form or attach a separate sheet of paper providing the information below. **Failure to identify all convictions and other requested information is automatic grounds for denial of your license.**

CRIMINAL HISTORY (Question 18)

If you answered yes to question number 18, please complete as many sections below as applicable to identify each conviction.

18	Date of Offense:	Date of Conviction:
	Location of Offense:	Dates of Imprisonment:
	Dates of Parole:	Dates of Probation:
	Detailed Description of Incident:	
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18	Date of Offense:	Date of Conviction:
	Location of Offense:	Dates of Imprisonment:
	Dates of Parole:	Dates of Probation:
	Detailed Description of Incident:	
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SET ASIDE/EXPUNGED/DISMISSED/REDUCED/DIVERTED HISTORY (Question 19)

If you answered yes to question number 19, please complete as many sections below as applicable to identify each arrest, charge, or conviction that was expunged, dismissed, reduced, or diverted.

19	Date of Offense:	Date of Conviction:
	Location of Offense:	Dates of Imprisonment:
	Dates of Parole:	Dates of Probation:
	Crime was (check one): <input type="checkbox"/> Set Aside <input type="checkbox"/> Expunged <input type="checkbox"/> Dismissed <input type="checkbox"/> Reduced <input type="checkbox"/> Diverted	
	Detailed Description of Incident:	
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CRIMINAL ACTION PENDING AND/OR AWAITING JUDGMENT OR SENTENCING (Question 20)

If you answered yes to question number 20, please complete as many sections below as applicable to identify each arrest or charge that has criminal action pending or awaiting judgment and sentencing following an entry of a plea or jury verdict.

20	Date of Offense:
	Location of Offense:
	Arrest/Charge is (check one): <input type="checkbox"/> Pending Criminal Action <input type="checkbox"/> Awaiting Judgment/Sentencing
	Detailed Description of Incident:

If you answered yes to question 18, 19, and/or 20, you must attach:

- **CERTIFIED** (by the court) court documents, including the original complaint, plea, minutes orders, and final disposition *
- **CERTIFIED** (by the arresting agency) arrest/citation/police report *

*Certified documents are obtained directly from and certified by the court and arresting agency. Do not send copies, they will not be accepted. If the records have been destroyed or purged by the court or arresting agency, you must submit a signed certified statement attesting to that fact on the agency's letterhead from which you are requesting records.

SUBSTANCE USE/ABUSE INFORMATION (Question 21)

If you answered yes to question number 21, please complete each section below as applicable.

21	Type of Program:
	Name of Program:
	Dates of Attendance:
	Date of Sobriety:
	Details:

For each program you entered for substance use/abuse you must attach:

- Documentation/letters that prove you completed or state the status of your rehabilitation program

PROFESSIONAL DISCIPLINE (Questions 22-27)

If you answered yes to question number 22, 23, 24, 25, 26, and/or 27, please complete the section below as applicable.

Profession:	State:
Details:	

If you answered yes to questions 22-27, you must attach:

- Official documentation that states the circumstances and outcome of the action

Failure to identify all convictions and other requested information is automatic grounds for denial of your license.

I declare under penalty of perjury under the laws of the State of California that the information contained on this form is true and correct.

Signature _____

Date _____