**COLORADO JUDICIAL DEPARTMENT CRIMINAL HISTORY CHECK APPEAL FORM**

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| --- | --- | --- | --- |
| **First Name:**  | Click or tap here to enter text. | **Last Name:** | Click or tap here to enter text. |
| **Phone Number:** | Click or tap here to enter text. | **Email:** | Click or tap here to enter text. |
| **Date:** | Click or tap here to enter text. | **Vendor/Contractor:**  | Click or tap here to enter text. |
| **Position:** | Click or tap here to enter text. |  |  |

## Description of services to be provided by individuals to which the background check applies:

Did you dispute the completeness or accuracy of the information contained in your consumer report with American Data Bank? **Please describe the outcome.**

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| --- |
| Click or tap here to enter text. |

**Please select the box(es) that apply:**

[ ] That an error was made in applying the relevant element of the Judicial CHC Standards to the Qualified Individual’s criminal history; **Please describe.**

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| Click or tap here to enter text. |

[ ] There is a direct relationship between the conviction giving rise to the non-suitability determination and the Qualified Individual’s relevant duties and responsibilities, and the relationship positively impacts the Qualified Individual’s ability to perform one or more such duties and responsibilities; **Please describe.**

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| --- |
| Click or tap here to enter text. |

[ ] Another legal basis that the finding of non-suitability is in error. **Please describe.**

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| Click or tap here to enter text. |

**Are you qualified to provide services to Judicial, including any required license(s) in effect?
Please describe.**

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| --- |
| Click or tap here to enter text. |

*I hereby authorize and consent to the release of all and any information related to me including without limitation, all records, statements and opinions held by any person, employer, school, law enforcement agency, military personnel and any other entity or organization to the Colorado Judicial Department to verify information submitted by me regarding this appeal. I further authorize and agree that the information provided and otherwise related to this criminal history check appeal will be shared with internal Colorado Judicial Department staff to fully address and render a determination of this appeal.*

**I certify I have read, understand, and hereby consent to the above.  I further certify that the above information is complete, true and accurate.**

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| --- | --- | --- | --- |
| **Signature:**  | Click or tap here to enter text. | **Date:** | Click or tap here to enter text. |

Mail or email this form to:

**Division of Human Resources**

**1300 Broadway, Suite 1200**

**Denver, CO 80203**

**backgroundchecks@judicial.state.co.us**

**Form should be received no later than 5 calendar days after the criminal**

**background check determination was rendered**