



Thurston County
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APPLICANT DISCLOSURE FORM

(PURSUANT TO CHAPTER 43.43 RCW)

The purpose of this disclosure form is to comply with the Washington Child and Adult Abuse Information Act. Our intent is to do what we can to assure the well-being of all clients we serve.

NOTE: By completing this form, applicants understand that an inquiry may be made to the Washington State Patrol or other law enforcement agencies under the Child and Adult Abuse Information Act to determine whether the applicant has any history relating to crimes against another person or child abuse.

Check the box to answer YES or NO to each listed item. If the answer is YES to any item, explain in the area provided, indicating the charge or finding, the date and the court(s) or board(s) involved.

1. Have you ever been convicted of a crime?

Yes No **IF YES, EXPLAIN BELOW:**

2. Have you ever had findings made against you in any civil adjudicative (judicial or administrative adjudicative proceeding) proceeding?

A "civil adjudication proceeding" is a judicial or administrative adjudicative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect, or exploitation or financial exploitation of a child or vulnerable adult under chapter 13.34, 26.44, 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW and also includes judicial or administrative orders that become final due to the failure of the alleged perpetrator to timely exercise of right afforded to him or her to administratively challenge findings made by the department of social and health services or the department of health under chapter 13.34, 26.44, or 74.34 RCW, or rules adopted under chapters 18.51 and 74.42 RCW.

Yes No **IF YES, EXPLAIN BELOW:**

*Please make sure that you turn this form over, complete the questions, and sign the statement on the back.

3. Do you have any civil adjudicative proceedings or criminal charges pending?

Yes No IF YES, EXPLAIN BELOW:

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Print Name: _____

Applicant Signature: _____

Date: _____ Place: _____