Attachment 4
Criminal Live Scan Finger & Palm Print Template

Bid Solicitation #: 18DPP00218
T3083 – 10 PRINT LIVE SCAN SYSTEM (LSS)

FINAL ORDER

LASTNAME/FIRSTNAME/MIDDLEINITIAL

SBI#

CITIZENSHIP	DATE OF BIRTH	POB	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER

MARKS/SCARS/AMPUTATIONS/MISC. NUMBERS/TATOOS

ALIASES/MAIDEN NAME/ADDITIONAL DOB

DOB: SSN:

CONTRIBUTOR/ADDRESS/ORI NO.

ORI:

APPLICATION FOR:

SIGNATURE OF PERSON FINGERPRINTED

CONTRIBUTOR'S USE ONLY

IMPRESSIONS TAKEN BY AND DATE TAKEN

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE

6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

STATE OF NEW JERSEY
STATE POLICE, STATE BUREAU OF IDENTIFICATION
BOX 7068, WEST TRENTON, NEW JERSEY 08628-0068
(609) 882-2000 Ext.2451

RESIDENCE OF PERSON FINGERPRINTED

OCCUPATION/EMPLOYER AND ADDRESS (LIST NAME & ADDRESS OF SCHOOL IF A STUDENT)

SBI RESPONSE TO THIS FINGERPRINT CARD SUBMISSION SHOULD BE FORWARDED TO:

CREATION DATE / TIME:
RECEIVED DATE / TIME:
PRINT DATE / TIME: /

PROCESS CONTROL NUMBER

PRINTED AT:

CUSTODY RECEIPT

LAST NAME	FIRST NAME	MIDDLE INITIAL	SBI#

CITIZENSHIP	DATE OF BIRTH	POB	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES		SOCIAL SECURITY NUMBER

SUMMONS/WARRANT NUMBER	CONTRIBUTOR AND ORI NUMBER	POSSIBLE SBI#	

STATUE / CHARGE / TOTAL SENTENCE

SIGNATURE OF PERSON FINGERPRINTED

COMMITTING COURT

CONTRIBUTOR'S CASE NUMBER

IMPRESSIONS TAKEN BY AND DATE TAKEN	COUNTY OF ARREST	MUN. CODE	TERM OF COMMITMENT

DATE OF ARREST	DATE OF SENTENCING	DATE OF RECEIPT

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE

6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

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(609) 882-2000 Ext.2451

ADDITIONAL CHARGE(S) / STATUTE / INDICTMENT / ACCUSATION NUMBER

RESIDENCE OF PERSON FINGERPRINTED

ALIAS / MAIDEN NAME - ADDITIONAL DOB

DOB: SSN:

MARKS, SCARS, AMPUTATIONS, TATOOS

OCCUPATION

EMPLOYER AND ADDRESS

MISC. INFO - BASIS FOR CAUTION

LOCAL DATA

PHOTO AVAILABLE:
PALM AVAILABLE:

REVISED CARD DATA

CREATION DATE/TIME:
RECEIVED DATE/TIME:
PRINT DATE/TIME: /

PROCESS CONTROL NUMBER

PRINTED AT:

SEX OFFENDER

Type or print - use black ink

LAST NAME | FIRST NAME | MIDDLE NAME

INITIAL REGISTRATION YES ☐

RE-REGISTRATION YES ☐

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CITIZENSHIP	DATE OF BIRTH	POB	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER

ACTUAL RESIDENCE OF PERSON FINGERPRINTED

ALIASES / MAIDEN NAME / ADDITIONAL DOB

DOB: SSN:

SBI NUMBER

CONTRIBUTOR / ADDRESS / ORI NO.

MAILING ADDRESS OF PERSON FINGERPRINTED

In accordance with the provisions of N.J.S.A. 2C:7-2, I acknowledge that I have been advised of my duty to register and re-register as a sex offender. I know that I must advise the local/State Police whenever I change my registration address. I am aware that failure to register or re-register is a crime pursuant to N.J.S.A. 2C:7-a.

MARKS / SCARS / AMPUTATIONS / MISC. NUMBERS / TATTOOS

CONTRIBUTOR'S USE ONLY

SIGNATURE OF PERSON FINGERPRINTED

X _____

IMPRESSIONS TAKEN BY

DATE TAKEN

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE

6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY	LEFT THUMB	RIGHT THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

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OCCUPATION	EMPLOYER AND ADDRESS (List Name and Addres of School if a Student)

SEX OFFENSE INFORMATION — **Use the Miscellaneous Block for Additional Crime(s)**

CHARGE & STATUTE	VICTIM AGE / VICTIM SEX	DISPOSITION: ☐ CONVICTED ☐ NOT GUILTY BY REASON OF INSANITY ☐ ADJUDICATED DELINQUENT

DATE ARRESTED	INDICTMENT / ACCUSATION NUMBER	NAME OF COURT AND STATE	SENTENCE DATE

MODUS OPERANDI: INCLUDE INITIAL CONTACT WITH VICTIM, I.E. LURED VICTIM WITH CANDY, ALCOHOL, DRUGS, COMPUTER PORNOGRAPHY, BABYSITTER, ETC.	AGGREGATE SENTENCE

CHARGE & STATUTE	VICTIM AGE / VICTIM SEX	DISPOSITION: ☐ CONVICTED ☐ NOT GUILTY BY REASON OF INSANITY ☐ ADJUDICATED DELINQUENT

DATE ARRESTED	INDICTMENT / ACCUSATION NUMBER	NAME OF COURT AND STATE	SENTENCE DATE

MODUS OPERANDI: INCLUDE INITIAL CONTACT WITH VICTIM, I.E. LURED VICTIM WITH CANDY, ALCOHOL, DRUGS, COMPUTER PORNOGRAPHY, BABYSITTER, ETC.	AGGREGATE SENTENCE

TEMPORARY ADDRESS (VACATION, ETC.)	GSP COORDINATES

VEHICLE MAKE	MODEL	YEAR	COLOR	LICENSE PLATE NUMBER	STATE

BRIEF HISTORY OF THE CRIME(S)

REVISED CARD DATA:

PROCESS CONTROL NUMBER

CREATION DATE/TIME:
RECEIVED DATE/TIME:
PRINT DATE/TIME: /

APPLICANT

LASTNAME/FIRSTNAME/MIDDLEINITIAL

SBI#

CITIZENSHIP	DATE OF BIRTH	POB	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER

PSBI#

MARKS/SCARS/AMPUTATIONS/MISC. NUMBERS/TATOOS

ALIASES/MAIDEN NAME/ADDITIONAL DOB

I HEREBY AUTHORIZE THE RELEASE OF ANY CRIMINAL HISTORY RECORD INFORMATION FOR THIS APPLICATION. I REALIZE THAT DISCLOSURE OF MY SOCIAL SECURITY NUMBER, FOR THE PURPOSE OF THIS BACKGROUND CHECK, IS VOLUNTARY.

SIGNATURE OF PERSON BEING FINGERPRINTED

CONTRIBUTOR/ADDRESS/ORI NO.

APPLICATION FOR:

CONTRIBUTOR'S USE ONLY

IMPRESSIONS TAKEN BY AND DATE TAKEN

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE

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STATE OF NEW JERSEY
STATE POLICE, STATE BUREAU OF IDENTIFICATION
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(609) 882-2000 Ext.2451

RESIDENCE OF PERSON FINGERPRINTED

OCCUPATION/EMPLOYER AND ADDRESS (LIST NAME & ADDRESS OF SCHOOL IF A STUDENT)

SBI RESPONSE TO THIS FINGERPRINT CARD SUBMISSION SHOULD BE FORWARDED TO:

CREATION DATE / TIME:
RECEIVED DATE / TIME:
PRINT DATE / TIME: /

PROCESS CONTROL NUMBER

PRINTED AT:

	LASTNAME/FIRSTNAME/MIDDLEINITIAL									SBI#
CITIZENSHIP	DATE OF BIRTH	POB	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES	SOCIAL SECURITY NUMBER	
SUMMONS / WARRANT / INDICTMENT / ACCUSATION NUMBER					CONTRIBUTOR/ADDRESS/ORI NO.			POSSIBLE SBI#		
								CHARGES AND STATUTES (Disposition If Known)		
SIGNATURE OF PERSON FINGERPRINTED										
					CONTRIBUTOR'S CASE NUMBER					
IMPRESSIONS TAKEN BY: AND DATE TAKEN										
DATE ARRESTED / RECEIVED	DATE OF OFFENSE				COUNTY OF ARREST	MUNICIPAL CODE				

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE
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RESIDENCE OF PERSON FINGERPRINTED

ALIAS/MAIDEN NAME - ADDITIONAL DOB | DOB | SSN

MARKS, SCARS, AMPUTATIONS, TATOOS

OCCUPATION | EMPLOYER AND ADDRESS (LIST NAME & ADDRESS OF SCHOOL IF A STUDENT)

SENTENCE DATE | AGGREGATE SENTENCE

MISC. INFO - BASIS FOR CAUTION

LOCAL DATA

ADDITIONAL INFORMATION:

PHOTO AVAILABLE:
PALM AVAILABLE:

REVISED CARD DATA:

CREATION DATE / TIME:
RECEIVED DATE / TIME:
PRINT DATE / TIME: /

PROCESS CONTROL NUMBER

PRINTED AT:

APPLICANT QUERY

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STATE OF NEW JERSEY
STATE POLICE, STATE BUREAU OF IDENTIFICATION
BOX 7068, WEST TRENTON, NEW JERSEY 08628-0068
(609) 882-2000 Ext. 2451

CREATION DATE / TIME
RECEIVED DATE / TIME
PRINT DATE / TIME

Type or print - use black ink

LAST NAME | FIRST NAME | MIDDLE NAME

JUVENILE FINGERPRINT SUBMISSION YES ☐

TREAT AS ADULT YES ☐

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CITIZENSHIP	DATE OF BIRTH	POB	SEX	RACE	HEIGHT	WEIGHT	HAIR	EYES		SOCIAL SECURITY NUMBER

RESIDENCE OF PERSON FINGERPRINTED

ALIASES / MAIDEN NAME / ADDITIONAL DOB

DOB: SSN:

SBI NUMBER

MARKS / SCARS / AMPUTATIONS / MISC. NUMBERS / TATTOOS

CONTRIBUTOR/ ADDRESS/ ORI NO.

CHARGES AND STATUTES (Disposition If Known)

SUMMONS / WARRANT / INDICTMENT / ACCUSATION NUMBERS

SIGNATURE OF PERSON FINGERPRINTED

✓ _

CONTRIBUTOR'S CASE NUMBER

D.V. Arrest ☐Yes ☐No GANG RELATED ☐Yes ☐N

IMPRESSIONS TAKEN BY	DATE TAKEN	DATE ARRESTED	DATE OF OFFENSE	COUNTY OF ARREST	MUNICIPAL CODE

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OCCUPATION	EMPLOYER AND ADDRESS

BRIEF HISTORY OF CRIME(S)

ADDITIONAL ALIASES: DOB: SSN:

NAME AND ADDRESS OF NEAREST RELATIVE	SENTENCE DATE
ACCOMPLICES: (NAME AND ADDRESS)	AGGREGATE SENTENCE

LOCAL DATA	ADDITIONAL INFORMATION:
	PHOTO AVAILABLE: PALM AVAILABLE:
REVISED CARD DATA:	CREATION DATE / TIME: RECEIVED DATE / TIME: PRINT DATE / TIME: /
PROCESS CONTROL NUMBER	PRINTED AT: