

TEXAS DEPARTMENT OF PUBLIC SAFETY CRIME RECORDS SERVICE

Access & Dissemination Bureau



PROCEDURE TO ACCESS CRIMINAL HISTORY RECORD INFORMATION (CHRI) FOR PERSON(S) SEEKING TO ADOPT A CHILD WITHIN THE UNITED STATES (DOMESTIC ADOPTION)

In accordance with Texas Government Code, Section 411.128, a person seeking to adopt a child under Chapter 162, Family Code, who is ordered by the court to obtain the person's own criminal history record information (CHRI) from the Department of Public Safety under Section 162.0085 Family Code, shall request the information as provided by that section.

FINGERPRINTS SUBMITTED ELECTRONICALLY TO DPS: The DPS has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting through DPS FAST locations operated by IdentoGO. DPS FAST locations operated by IdentoGO are committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. The cost of this service is \$9.95 plus a \$15.00 fee for the CHRI. The results will be mailed to the address provided by the individual. If an additional copy of the CHRI is needed, contact Criminal History Inquiry Unit at (512) 424-5079 Option 4.

1. SCHEDULING YOUR FINGERPRINT APPOINTMENT:

• Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at www.identogo.com or by calling 1-888-467-2080.

• When Scheduling Online:

- a) Select the State of **Texas** from the map of the U.S.
- b) Select the **Online Scheduling**.
- c) Select English or Espanol.
- d) Enter your First and Last Name.
- e) Select **Option B**, Adopting privately with the assistance of legal counsel.
- f) Select **Domestic Adoption**.
- g) Enter the **Designated Recipient's Information**. If results are to be sent directly to the court please list the name of the court and cause number in the Designated Recipient field.
- h) Follow the prompts to enter requested information.

• When Scheduling Over The Phone:

- a) Request an appointment for **Electronic Fingerprint Submission** for the purpose of a **Domestic Adoption**.
- b) The call center operator will ask you for your demographic information, i.e. Date of Birth, Sex, Race, Ethnicity, Height, Weight, Eye Color Hair Color, Place of Birth and Home Address.
- c) You will select a location nearest to you for your fingerprint appointment.

2. YOUR FINGERPRINT APPOINTMENT:

- You will need to bring a valid State Issued Identification to your appointment.
- The Enrollment Agent will confirm your information and obtain an image of your fingerprints and a photo.
- Once the appointment is completed you will be provided a signed receipt which includes a Tracking Control Number (TCN), please retain your receipt for your records.

FINGERPRINTS SUBMITTED BY MAIL THROUGH MORPHOTRUST: The individual or their authorized representative must submit a completed hard card FAST pass form with the individual's signature and fingerprint card to MorphoTrust USA. The results will be mailed to the designated recipient provided by the individual. If you have any questions, please call (512) 424-5079.

1. REGISTER YOUR FINGERPRINT SUBMISSION:

- Follow all instructions listed on the Domestic Adoption FAST Pass Form (see below) to register your fingerprint submission by logging on to the IdentoGO Website at www.identogo.com.
- * You are not scheduling an appointment to have your fingerprints taken.

2. PAY BY CREDIT CARD OR MAIL IN PAYMENT:

★ During your fingerprint registration you will be provided an opportunity to make your payment by credit card or to elect to mail in the \$24.95 by check or money order made out to MorphoTrust USA with your submission.

3. COMPLETE THE DOMESTIC ADOPTION FAST PASS FORM:

All the information requested on the form is required. Please print legibly. Individual's signature must be
on the FAST form.

4. COMPLETE THE FINGERPRINT CARD:

- Following information regarding person whose record is to be searched, must be completed on the fingerprint card:
- a) Printed last name, first name, middle name of individual, including all alias names.
- b) Sex, race, date of birth, Social Security Number.
- c) Complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a law enforcement agency or FAST provider near you. Visit www.identogo.com or call 1-888-467-2080 to locate a FAST provider near you. Individual's signature must be on the fingerprint card.
- * The cost for obtaining an ink card may vary and is not included in the Texas Background check fingerprint registration process or fee. Cards <u>must</u> be mailed to the vendor, fingerprints cannot be submitted electronically from outside the State of Texas.

5. SUBMISSION:

 Mail the completed Personal Review FAST Form, completed fingerprint card and payment (if applicable) to:

> MorphoTrust USA Texas Card Scan 3051 Hollis Dr, Ste 310 Springfield, IL 62704

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DOMESTIC ADOPTION

Texas Department of Public Safety

This document is your FAST Fingerprint Pass for a state criminal history record check. Please pay for your fingerprint submission by visiting http://www.identogo.com or by calling 1-888-467-2080. When scheduling an appointment you will be prompted by IdentoGO for the following additional personal data: Date of Birth, Sex, Race, Ethnicity, Skin Tone, Height, Weight, Eye Color, Hair Color, Place of Birth, Driver License Number and Home Address. Requested data is required by the Texas Department of Public Safety to process your background check. These data elements have been omitted from this

document in order to better protect the security of your personal information. You may pay for FAST services online with a credit card or by mail with a check or money order only made payable to MorphoTrust USA. Your fingerprints will be submitted to the Texas Department of Public Safety and the Federal Bureau of Investigation.

Logon to http://www.identogo.com Select: Texas Select: Online Scheduling Select: English or Espanol Enter: First and Last Name Select: All Others Select: Option A – Electronic Submission Select: Yes, I have a FAST Fingerprint Pass Section One: Qualified Entity Information	11. 12. 13.	Enter: TX00000DA Enter: Designated Recipient Information Select: Pay for Ink Card Submission Follow the prompts to enter requested information. Write in: RegID Mail in this completed form with your completed Fingerprint Card to address below.
ORI#: TX00000DA	Original TCN:	
		(If resubmission for rejected fingerprints)
Section Two: Applicant Name (To be completed by appl	licant)	
Last: F	irst·	Middle
Last: F (Please print)	irst:(Please print)	Middle: (Please print)
submitted information to available records in order to identify potentially pertinent information to the DPS during the proceed this application is being submitted. I understand that the FB collection of fingerprints and related information, where all is to further disseminations by the FBI as may be authorized upon any criminal history record check and challenge the accurace Entity. I also understand the Qualified Entity may deny mean check is completed. If a need arises to challenge the FBI remay send a written challenge request to the FBI's Criminal Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.	y other information that may be essing of this application and for BI may also retain my fingerprin such data will be subject to com- ander the Federal Privacy Act (\$100 cm of the info access to children, the elderly, ecord response, you may conta Justice Information Services (Control of the info Justice Info Justice Info Justice Info Justice Info Justice Ju	or as long hereafter as may be relevant to the activity for which its and other applicant information in the FBI's permanent oparisons against other submissions received by the FBI and 5USC 552a(b)). I understand I am entitled to obtain a copy of formation before a final determination is made by the Qualified or individuals with disabilities until the criminal history record act the agency that submitted the information to the FBI, or you CJIS) Division at FBI CJIS Division, Attention: Correspondence
Signature:		Date:
Section Four: Fingerprint Cards and Payment		
	I Security Number. Requ	f Birth, Sex, Race, Height, Weight, Eye Color, Hair ested data is required by the Texas Department of ent (if not paid online) to:
MorphoTrust USA	RegID:	
Texas Card Scan 3051 Hollis Dr, Ste 310	•	ed at the end of online registration)
Springfield, IL 62704	Amount Charged For Service: _\$24.95	
	Paid by: ☐ Check/Mone	ey Order (mailed in)

Applicants wishing to verify that a fingerprint card has been processed may call (888) 467-2080 and speak with a customer service representative. Please allow 3 days from date of mailing before contacting MorphoTrust USA Enrollment Services regarding processing status.