State of Hawaii
DEPARTMENT OF HUMAN SERVICES

Med-QUEST Division

REQUEST FOR EXEMPTION

(from Criminal History Record and Background Check Standards)

Section I: Individual Seeking Exemption

Print Name: _____
Last First M.I.

Signature _____

Social Security No.: _____ Birth Date: _____

Home Address: _____

Mailing Address: _____

Home Telephone: _____ Business Telephone: _____

Section II: Reasons for Exemption

COMPLETE ALL OF THE FOLLOWING ITEMS. Use additional sheets of paper if necessary.

1. Identify the agency and/or client that you will serve as a direct service provider (or serve in direct contact):

_____

_____

2. Describe the type of service you would be providing for the agency and/or client:

_____

3. Why do you believe an exemption should be given for your criminal conviction or confirmation of abuse? Explain:

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4. Concerning your criminal conviction or confirmation of abuse, were there things about the commission of the crime or abuse that would demonstrate that it is unlikely to occur again? Explain:

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5. List all significant activities/dates since your criminal conviction or confirmation of abuse, such as employment, participation in therapy or education:

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6. References. List your references below and provide telephone numbers where they may be contacted. In providing this information, you are consenting to the Department of Human Services or their designee, contacting these individuals for reference verification purposes. Written statements of support may also be submitted:

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_____

_____

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_____

7. Other comments you may wish to make regarding your exemption request:

_____

_____

_____

_____

8. **SEND COMPLETED REQUEST FOR EXEMPTION FORM TO:**
Fieldprint, Inc.
12000 Commerce Parkway
Suite 100
Mount Laurel, NJ 08054