

**Waiver of Criminal Record of a Household Member
for Placement of a Related Child in an Unlicensed Home**

Name of Child: _____ DOB: _____

Name of **Household Member**: _____ Age: _____

AKA: _____

Reasons for placing the child in the home: _____

Circle the convictions and date of arrest and/or conviction: (*Unresolved Charges Examples: No Disposition; SOL Stricken on Leave – up to 160 days from date of charge filed to reinstate; Charge Filed; Disposition not mandated; Supervision with no final outcome.*)

A copy of the police record of each incident to be waived shall be included when disposition is not included on LEADS (arresting agency should provide)

1) Homicide	Date	3) Kidnapping and Related Offenses	Date
Murder* Solicitation of murder* Solicitation of murder for hire* Intentional homicide of an unborn child* Voluntary manslaughter of an unborn child* Involuntary manslaughter* Reckless homicide* Concealment of a homicidal death* Involuntary manslaughter of an unborn child* Reckless homicide of an unborn child* Drug induced homicide*		Kidnapping Aggravated unlawful restraint Forcible detention Aiding and abetting child abduction* Aggravated kidnapping Child abduction*	
2) Sex Offenses Child pornography* Exploitation of a child* Sexual exploitation of a child* Obscenity Harmful material Tie in sales of obscene publications to distributors Indecent solicitation of a child* Indecent solicitation of an adult Public indecency Sexual relations within families* Prostitution Soliciting for a prostitute Soliciting for a juvenile prostitute* Solicitation of a sexual act Pandering Keeping a place of prostitution* Keeping a place of juvenile prostitution* Patronizing a prostitute Patronizing a juvenile prostitute* Pimping Juvenile pimping*		4) Bodily Harm Aggravated battery of a child* Criminal sexual assault* Aggravated criminal sexual assault* Predatory criminal sexual assault of a child* Criminal sexual abuse* Aggravated sexual abuse* Heinous battery* Aggravated battery with a firearm Tampering with food, drugs, or cosmetics Drug-induced infliction of great bodily harm Aggravated stalking Home invasion Vehicular invasion Criminal transmission of HIV Criminal neglect of an elderly or disabled person Child Abandonment* Endangering the life or health of a child* Ritual mutilation Ritualized abuse of a child* <i>Any violation of the Methamphetamine Control and Community Protection Act.</i>	

Extraordinary circumstances for requesting waiver of convictions including evidence of rehabilitation: _____

Opinion of community members: _____

Placement Worker/Supervisor Recommendation: _____

Name of placing agency worker: _____

ID #: _____ Phone: _____

Name of the supervising placement agency: _____

Agency Address: _____

Waiver of convictions marked with an asterisk	Waiver of convictions NOT marked with an asterisk
Unresolved/Pending Charges – If the unresolved or pending charge is for a crime listed with an asterisk, a disposition MUST be obtained prior to requesting a waiver from the Director. The placing worker shall obtain a disposition from the DCFS Inspector General’s office, the State Police, Office of the Circuit Clerk or arresting law enforcement agency. If a “not guilty” verdict is obtained, the proof of the disposition may be faxed to PDC for review and possible clearance.	If the placing agency believes that there have been extraordinary circumstances surrounding the criminal history identified in subsections (a) 1 through 5, not marked by an asterisk, or that the convicted person(s) has been successfully rehabilitated and placement in the relative's household is in the best interests of the child(ren), the placing agency shall request a waiver of this prior criminal history by asking the Department to consider the factors in Part 301 Appendix A (c).
<input type="checkbox"/> Waiver Request Denied <input type="checkbox"/> Waiver Request Granted _____ Director’s Signature _____ Date	<input type="checkbox"/> Waiver Request Denied <input type="checkbox"/> Waiver Request Granted _____ Director or Designee for after hour placements Date _____ After hours or emergency Designee Date

Waiver request must be faxed to Office of the Director (312) 814-9408. For after hour requests a 24 hour conditional approval may be granted by the placing agency program director or designee until a waiver is received from the Director.

Fax waiver approval or denial to Placement Clearance Desk at (217) 524-0359. Date faxed: _____