

# Record Review and Challenge

Washington State Patrol

Identification and Criminal History Section

June 2012

# Record Review/Challenge

- ✧ The subject of record (subject) is the only person who may request their Washington state nonconviction CHRI.
- ✧ The subject must appear in person during normal business hours at a local law enforcement agency or the Olympia WSP office located on Pacific Ave.
- ✧ The subject must provide government issued photo identification.
  - ✧ Examples:
    - ✧ Valid drivers license
    - ✧ Military identification
    - ✧ US Passport, etc.

# Record Review

- ❧ Revised Code of Washington (RCW) 10.97.080
  - ❧ Allows a person to inspect his or her criminal history record information (CHRI).
    - ❧ Criminal history consists of arrests offenses, court dispositions, open arrests (arrests without a disposition), Sex/Kidnapping Offender Registrations, Applicant, and Department of Corrections information.
    - ❧ Criminal history does not include: investigation, intelligence or other files not construed as CHRI.

# Record Review

- ✧ The subject has two options to review his/her nonconviction CHRI record.
  - ✧ Option 1, keeping the CHRI.
  - ✧ Option 2, reviewing the CHRI.
- ✧ Both options allow the subject to challenge or request a modification to their CHRI.

# Record Review

## ☞ Option 1 - Fee

- ☞ Request a record review/challenge through the local law enforcement agency (LEA), jail, or prison facility by submitting a completed record review/challenge fingerprint card.
  - ☞ The LEA, may charge a fee for their fingerprinting services.
- ☞ Mail the card and the \$10 fee, payable to the Washington State Patrol:
  - Identification and Criminal History Section
  - PO Box 42633, Olympia, WA 98504-2633
- ☞ The result is mailed or provided to the subject
- ☞ The subject is entitled to retain the nonconviction result.

# Record Review

## ☞ Option 1 continued - Fee

The subject may come to the Identification and Criminal Section (Section) and request a record review/challenge at: WSP Identification and Criminal History Section

3000 Pacific Ave. SE Suite 202, Olympia, WA 98504

- ☞ Complete the record review/challenge form.
- ☞ Pay the \$10 fee.
- ☞ The result is provided to the subject immediately.
- ☞ The subject is entitled to retain the nonconviction CHRI.

# Record Review

## ☞ Option 2 – No Fee

- ☞ Request a record review through the local law enforcement agency (LEA), jail or prison facility by submitting a completed record review/challenge fingerprint card.
- ☞ The background check result is returned to the LEA, jail, or prison staff. They will provide the result to the subject.
- ☞ The subject has 30 minutes to review their nonconviction CHRI result. At the end of the 30 minutes it must be returned to the LEA, jail, or prison.
- ☞ The nonconviction data may not be electronically or mechanically reproduced.

# Record Review

## ❧ Option 2 continued – No Fee

The subject may come to the Section and request a record review/challenge at:

WSP Identification and Criminal History Section

3000 Pacific Ave. SE Suite 202, Olympia, WA 98504

- ❧ Complete the record review/challenge form.
- ❧ The result is provided to the subject immediately.
  - ❧ The subject has 30 minutes to review their nonconviction CHRI result. At the end of the 30 minutes it must be returned to WSP staff.
  - ❧ The nonconviction data may not be electronically or mechanically reproduced.

# Challenge/Modification

- ✧ A subject may challenge the accuracy or completeness of their CHRI.
  - ✧ The subject may also request the inaccurate or incomplete information be:
    - ✧ Purged.
    - ✧ Modified.
    - ✧ Supplemented .
  - ✧ The request must be done in writing, clearly identifying the inaccurate or incomplete information.
  - ✧ Criminal Justice Agencies must provide an appropriate challenge form.

# Challenge/Modification

- ✧ When the Section receives a challenge they must:
  - ✧ Notify the submitting agency of the challenge.
  - ✧ The Section must wait until the submitting agency:
    - ✧ Submits a correction or modification.
    - ✧ Returns a notification of refusal.
  - ✧ The Section will make the appropriate correction or modification to the subject's CHRI.
  - ✧ Individuals or agencies who requested the subject's CHRI are notified of the correction or modification.

# Challenge/Modification

- ✧ If the Section refuses to act the subject may appeal the decision to the:
  - ✧ Superior court in their county of residence.
  - ✧ The county from which the disputed record came from.
  - ✧ Thurston County.
- ✧ The court shall in such case conduct a de novo (trying a matter anew) hearing, and may order such relief as it finds just and equitable.
- ✧ If the subject comes to the Section to challenge their CHRI, they must complete a “Request for Modification of Record” form, supplied by the Section.

# Record Review/Challenge Fingerprint Card

APPLICANT		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK		FBI		LEAVE BLANK		
				LAST NAME <u>NAM</u>	FIRST NAME	MIDDLE NAME				
SIGNATURE OF PERSON FINGERPRINTED				1. Test	Record D Jr					
RESIDENCE OF PERSON FINGERPRINTED				ALIASES <u>AKA</u>	<u>O</u>					
DATE	SIGNATURE OF OFFICIAL TAKEN							DATE OF BIRTH <u>DOB</u>		
EMPLOYER AND ADDRESS								Month	Day	Year
REASON FINGERPRINTED								HAIR	PLACE OF BIRTH <u>POB</u>	
								NK		
										
1. R. THUMB								5. R. LITTLE		
										
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE						
										
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB	R. THUMB	R. FINGERS TAKEN SIMULTANEOUSLY				

## 1. Name – mandatory field.

### ❖ Enter the:

- Last Name.
- First Name.
- Middle Initial (leave blank if unknown).
- Suffix (III, Jr. Sr. etc., leave blank if unknown).

# Record Review/Challenge Fingerprint Card

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK						EBI		LEAVE BLANK					
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME											
RESIDENCE OF PERSON FINGERPRINTED		1. Test		Record		D		Jr									
DATE		SIGNATURE		ALIASES <u>AKA</u>		OR				DATE OF BIRTH <u>DOB</u>							
EMPLOYER AND ADDRESS		2. Record, Piper		03/21/1960						Month		Day Year					
REASON FINGERPRINTED		CITIZENSHIP <u>CTZ</u>		SEX		RACE		HGT.		WGT.		EYES		HAIR		PLACE OF BIRTH <u>POB</u>	
1. R. THUMB																	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE									
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB		R. THUMB		R FINGERS TAKEN SIMULTANEOUSLY									

**2. Alias or Also Known As (AKA).**

- Uncommon nicknames.
- Birth or maiden names.
- Street or gang names.
- Other names.
- Additional Dates of Birth.

# Record Review/Challenge Fingerprint Card

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				EBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME					
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		1. Test		Record D Jr					
DATE		CITIZENSHIP <u>C-12</u>		2. Record, Piper		3. WA0340000		DATE OF BIRTH <u>DOB</u>		Year	
EMPLOYER AND ADDRESS		03/21/1960		3. ORI		Thurston Co. SO		Month		Day	
REASON FINGERPRINTED		SEX		RACE		HGT.		WGHT.		EYES	
		HAIR		PLACE OF BIRTH <u>POB</u>							

**3. ORI– mandatory field.**

- ❖ Enter the contributing agency identifier (ORI):
- Example: WA0340000.

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY			L. THUMB	R. THUMB
R. FINGERS TAKEN SIMULTANEOUSLY				

# Record Review/Challenge Fingerprint Card

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK						EBI		LEAVE BLANK		
SIGNATURE OF PERSON FINGERPRINTED		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME								
RESIDENCE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u>		OR I		WA0340000				DATE OF BIRTH <u>DOB</u>				
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		03/21/1960		Thurston Co. SO		4		03/21/1960				
EMPLOYER AND ADDRESS		CITIZENSHIP <u>CTZ</u>		5.		SEX	RACE	HGT.	WGT.	EYES	HAIR	PLACE OF BIRTH <u>POB</u>		
REASON FINGERPRINTED		YOUR NO. <u>OCA</u>				M	W	606	200	BLK	BLK	MN		
												LEAVE BLANK		

1. R. THUMB		2. R.	
6. L. THUMB		7. L.	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY			
L. THUMB		R. THUMB	
R FINGERS TAKEN SIMULTANEOUSLY			

**4. DOB (Date of Birth) - mandatory field**  
 ❖ Enter the DOB in the following format:  
**MM/DD/YYYY.**

**5. Enter the physical descriptors: - mandatory fields.**

- Sex.
- Race.
- Height.
- Weight.
- Eyes.
- Hair.
- Enter the POB (Place of Birth) State only.

# Record Review/Challenge Fingerprint Card

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME				FBI LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		Record, Piper		WA0340000		OR I		DATE OF BIRTH <u>DOB</u> Month Day Year	
RESIDENCE OF PERSON FINGERPRINTED		03/21/1960		Thurston Co. SO		03/21/1960		PLACE OF BIRTH <u>POB</u>	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS			SEX	RACE	HGT.	WGHT.	EYES	HAIR
EMPLOYER AND ADDRESS	6. USA			M	W	606	200	BLK	BLK
REASON FINGERPRINTED	7. 691245			LEAVE BLANK					
	8. Disregard			CLASS _____					
	9. AF569871414			REF. _____					
	10. 111-22-3333								
	11. PP369587								

These fields are not mandatory

- 6. Citizenship, Country.
- 7. Originating Number (OCA) - other identifying number.
- 8. FBI number – disregard.
- 9. Armed Forces Number
- 10. Enter the Social Security.
- 11. Enter the Miscellaneous Number - other forms of government issued photo identification; military number, US Passport, etc.



1. R. THUMB



6. L. THUMB



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB



R. THUMB

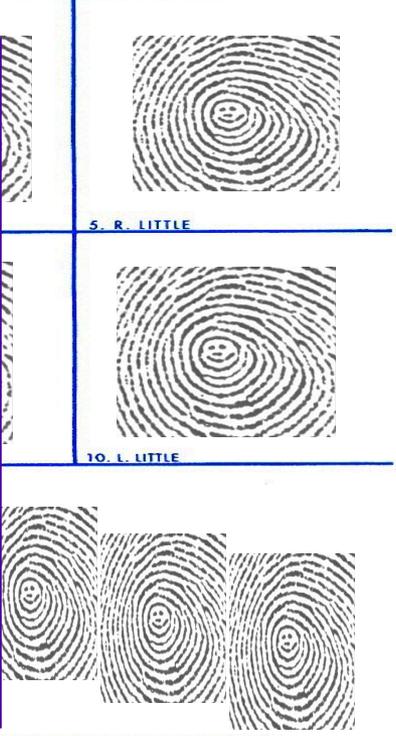


R. FINGERS TAKEN SIMULTANEOUSLY

# Record Review/Challenge Fingerprint Card

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				LEAVE BLANK	
		LAST NAME <u>NAM</u>		FIRST NAME		MIDDLE NAME		FBI	
SIGNATURE OF PERSON FINGERPRINTED <u>12. Record Test Jr.</u>		ALIASES <u>AKA</u> Record, Piper		O R I WA0340000					
RESIDENCE OF PERSON FINGERPRINTED <u>13. PO Box 11, Olympia WA 98501</u>		03/21/1960		Thurston Co. SO		DATE OF BIRTH <u>DOB</u> Month Day Year 03/21/1960			
DATE <u>14. 06-28-2012</u>		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <u>Thall 225</u>		CITIZENSHIP <u>CTZ</u>		SEX <u>M</u> RACE <u>W</u> HGT <u>606</u> WGT <u>200</u> EYES <u>BLK</u> BLK HAIR <u>BLK</u>		PLACE OF BIRTH <u>POB</u> MN	
EMPLOYER AND ADDRESS <u>15. Disregard</u>		YOUR NO. <u>OCA</u> 691245		USA		LEAVE BLANK			
REASON FINGERPRINTED <u>16. Record Review/Challenge</u>		FBI NO. <u>FBI</u> Disregard		ARMED FORCES NO. <u>MNU</u> AF569871414		CLASS _____			
		SOCIAL SECURITY NO. <u>SOC</u> 111-22-3333		MISCELLANEOUS NO. <u>MNU</u> PP369587		REF. _____			

- 12. If ink is used to fingerprint the subject, the signature is required. If livescan is used to fingerprint the subject, the signature is not required.
- 13. Residence of Person Fingerprinted – must be the mailing address of the subject, if the CHRI is to be mailed.
- 14. Date the fingerprints were taken and the Signature of the person taking the fingerprints.
- 15. Employer and Address – Disregard.
- 16. Reason Fingerprinted - Record Review/Challenge.



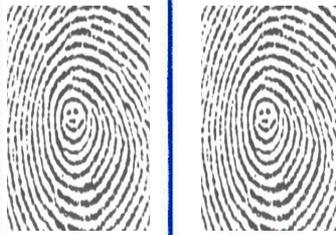
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY

L. THUMB

R. THUMB

R FINGERS TAKEN SIMULTANEOUSLY

# Completed Fingerprint Card

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME MIDDLE NAME				EBI		LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED <i>Record Test Jr.</i>		ALIASES <u>AKA</u> Record, Piper		O R I WA0340000						DATE OF BIRTH <u>DOB</u> 03/21/1960	
RESIDENCE OF PERSON FINGERPRINTED PO Box 11, Olympia WA 98501		CITIZENSHIP <u>CTZ</u> USA		SEX <u>M</u> RACE <u>W</u> HGT <u>606</u> WGT <u>200</u> EYES <u>BLK</u> HAIR <u>BLK</u>		PLACE OF BIRTH <u>POB</u> MN					
DATE <u>06-28-2012</u> SIGNATURE OF OFFICIAL TAKING FINGERPRINTS <i>Thall 225</i>		YOUR NO. <u>OCA</u> 691245		FBI NO. <u>FBI</u> Disregard		ARMED FORCES NO. <u>AF569871414</u>		SOCIAL SECURITY NO. <u>SOC</u> 111-22-3333		MISCELLANEOUS NO. <u>MNU</u> PP369587	
EMPLOYER AND ADDRESS Disregard		REASON FINGERPRINTED Record Review/Challenge		CLASS _____		REF. _____		LEAVE BLANK			
											
1. R. THUMB		2. R. INDEX		3. R. MIDDLE		4. R. RING		5. R. LITTLE			
											
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
											
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY				L. THUMB R. THUMB		R FINGERS TAKEN SIMULTANEOUSLY					

# Chain of Custody

- ☞ If the card is returned to the subject, the FBI recommends following the chain of custody to protect the integrity of the fingerprint card.
- ☞ When returning the card to the individual:
  - ☞ Place the card in an envelope the size of or larger than the card.
  - ☞ Do not bend or fold the card.
  - ☞ Seal the envelope.
  - ☞ Initial and date over the seal of the envelope.
  - ☞ Give the envelope to the person.



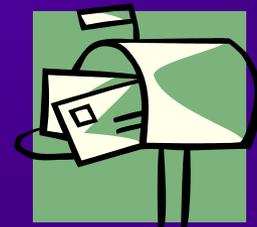
# Submitting the Card

Record Review/Challenge card(s) are mailed by the subject, LEA, jail, prison facility or sent electronically to WSP.



Mailing Address:

Washington State Patrol  
Identification and Criminal History Section  
PO Box 42633  
Olympia, WA 98504



# Record Modification Form



**Washington State Patrol Identification Section**  
**PO Box 42633**  
**Olympia WA 98504-2633**

SID: \_\_\_\_\_  
 DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_  
 ACTION: \_\_\_\_\_

**REQUEST FOR MODIFICATION OF RECORD**  
**Pursuant to RCW 43.43.730**

**NOTE:** See rules and regulations printed on reverse side:      DATE: 06/27/2012

I, Test Record D Jr, Date of Birth 03/21/1960, hereby acknowledge receipt this date, 06/27/2012, a copy of a Washington State Patrol Identification Section RAP sheet bearing SID WA10000825 consisting of 13 page(s) and identified as a history of criminal offenses charged to me.

I challenge the following specific portion(s) of the record (Quote current items[s]) as being incomplete or incorrect.      Arrest number 3, Guilty of Assault

**AND** request modification to read (Quote):

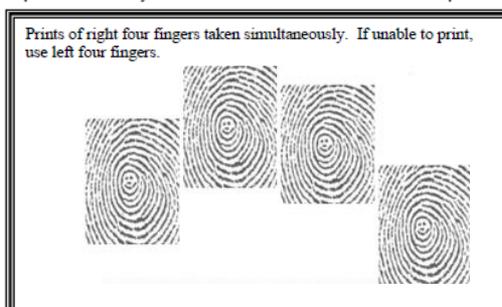
I was not convicted of Assault, it was dismissed.

I further request that the following designated persons or agencies who have received copies of the record be advised of the modifications, if such are determined to be valid.

<u>XYZ Company</u>	_____
Name	Name
<u>PO Box 459</u>	_____
Street	Street
<u>Capital WA 98506</u>	_____
City State Zip	City State Zip

Test Record Jr.  
 Signature of Applicant

Test Record Jr.  
 Name  
2001 Western St.  
 Street  
Capital WA 98506  
 City State Zip  
361) 507-2589  
 Phone



- Complete the form provided. This form is only available at the Section.
- A fingerprint technician will place the subject's fingerprints on the form.
- The CHRI is pulled based on fingerprint comparison.
- The record(s) is researched to determine the disposition of the case.
- The record is updated as appropriate.
- If the CHRI is updated a new Record of Arrests and Prosecution sheet is forwarded to individuals who requested the CHRI.

# Resources

WSP Criminal History Records Unit

(360) 534-2000

WATCH

<https://fortress.wa.gov/wsp/watch/>

WATCHCJ

<https://fortress.wa.gov/wsp/watchcj/>

Criminal History and Fingerprinting

[http://www.wsp.wa.gov/\\_secured/ident/resource.htm](http://www.wsp.wa.gov/_secured/ident/resource.htm)

Courts

[www.courts.wa.gov](http://www.courts.wa.gov)