



Teacher Certification

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Criminal Charges Self Reporting Form

NDE 20-014
Revised 11-16

THIS FORM MUST BE COMPLETED IF YOU ANSWERED "YES" TO QUESTION 4 UNDER THE PERSONAL AND PROFESSIONAL FITNESS SECTION OF THE APPLICATION FORM

COMPLETE A SEPARATE FORM FOR EACH CHARGE. YOU MAY PHOTO COPY THIS FORM.

SIGN THE BOTTOM OF THIS FORM

Please Print: _____ Social Security Number* _____

Criminal Charge: _____

Date of Offense: _____

Name of Arresting Party (Police or Sheriff's Office): _____

Court of Jurisdiction: _____

Plea and Conditional of Probation, if any:

Details of Incident:

You may attach any further explanation of the incident.

YOU MUST ATTACH A COPY OF YOUR COURT RECORD(S) RELATED TO THIS CHARGE. IF COURT RECORDS ARE NO LONGER AVAILABLE, CONTACT THE OFFICE OF GENERAL COUNSEL AT THE NEBRASKA DEPARTMENT OF EDUCATION FOR FURTHER INSTRUCTIONS.

I declare under penalty of perjury that the foregoing, including any attachment, is true and correct. I hereby authorize the above-listed courts and law enforcement agencies to release information concerning me to the Nebraska Department of Education.

Signature

Date

*This requirement that a certificate or permit applicant provide his/her social security number is contained in Nebr. Rev. Stat. 79-810. The uses that will be made of this number are criminal background check prior to issuance of a certificate and for purposes of data compilation concerning employment of graduates of state approved teacher education programs and employment of certificate permit holders.