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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

Print Name:	Social Security Number*	
Criminal Charge: _		
Date of Offense: _		
Name of Arresting Party (Police or Sheriff's Office:	
Court of Jurisdiction: _		
Plea and Conditional of Pr	robation, if any:	
Details of Incident:		
You may attach any furth	er explanation of the incident.	
	COPY OF YOUR COURT RECORD(S) RELATED TO NTACT THE OFFICE OF GENERAL COUNSEL AT T FOR FURTHER INSTRUCTION	THE NEBRASKA DEPARTMENT OF EDUCATION
	ury that the foregoing, including any attachment of the foregoing and the foregoing	ent, is true and correct. I hereby authorize the oncerning me to the Nebraska Department of
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 <u>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.</u>