



# Request for Criminal Conviction History – Third Party

Confidential when completed

REQUEST BY THIRD PARTY UNDER THE PRIVACY ACT 1993 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE'S COMPUTER SYSTEMS.



How to fill out this form and the definitions used in this form

1. You will have been provided this form by a third party\* to complete
2. Complete all the questions from Step 2 on – start with “Your details”
3. Please write as neatly as possible
4. Send back to the third party for them to check and send off.

\*Third party is the person, potential employer or recruitment agency who has requested the criminal conviction check and will be sent the results. (The third party must complete the front page of this form).

## Step 1 Third party to complete this section

### Third party name details

Full name of third party:

Alpha Recruitment

Full name of the person or organisation the third party **is acting for** (if applicable):

(i.e. the person or organisation who requested the third party to carry out a criminal conviction check).

Alpha Recruitment

Third party reference number (if applicable):

### Third party return address details

Name of the person to return request information to:

PO Box or

Street Address:

Suburb:

Town/City:

State/Province:

Post Code:

Country:

Signature of third party:

X

OFFICE USE ONLY  
MOJ REQUEST NUMBER

## Step 2 Your details (please print)



**Important: make sure the name and date of birth you write in here matches your identification in Step 1**

### Your Personal Details

Surname:	<input type="text" value="Satanina"/>	First name:	<input type="text" value="Anna"/>
Middle names (separated by commas):	<input type="text"/>		
Date of birth:	<input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="0"/>	Male <input type="radio"/>	Female <input checked="" type="radio"/>
Place of birth:	<input type="text" value="Slavutich, Ukraine"/>		
Telephone:	<input type="text" value="022 345 16 39"/>	Mobile:	<input type="text" value="022 345 16 39"/>
Email:	<input type="text" value="anna.satanina@gmail.com"/>		

### Previous names – Maiden names, other names you are known as, or have used

Surname	First name	Middle names (separated by commas)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Your Postal Address

PO Box or Street Address:	<input type="text" value="108/47 Hobson Street"/>		
Suburb:	<input type="text"/>		
Town/City:	<input type="text" value="Auckland"/>		
State/Province:	<input type="text"/>		
Post Code:	<input type="text" value="1010"/>	Country:	<input type="text" value="New Zealand"/>

### Current residential address if different to postal address

Street address:	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/City:	<input type="text"/>		
State/Province:	<input type="text"/>		
Post Code:	<input type="text"/>	Country:	<input type="text"/>

Please list any other New Zealand addresses you have lived at in the last 10 years

Street address:   
Suburb:   
Town/City:  Post Code:

Street address:   
Suburb:   
Town/City:  Post Code:

Street address:   
Suburb:   
Town/City:  Post Code:

### Step 3 Your identification



Please attach a legible photocopy of your identification which must contain your signature. This can be any one of the

- ☐ **New Zealand Driver Licence** – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.
- ☐ **New Zealand Driver Licence** – can be current or expired within the last 2 years, but cannot be cancelled, defaced or a temporary licence.
- ☐ **New Zealand Passport** – can be current or expired within the last 2 years, but cannot be cancelled or defaced. Must show your signature.
- ☐ **Overseas Passports** – must be current and cannot be expired, cancelled or defaced. Must show your signature.
- ☐ **New Zealand Firearms Licence** – must be current and cannot be expired or defaced.
- ☐ If you do not have any of these forms of identification, you will need to complete Step 5.

### Step 4 Your authority to release information to a third party

I authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my criminal convictions, subject to section 7 of the Criminal Records (Clean Slate) Act 2004, to the third party.

Tick the report required

Criminal and traffic convictions report ☐ Traffic convictions report ☐

I want a copy of the information provided to the third party Yes ☐ No ☐

Your signature:

X

Date:

## Step 5 Proof of identity

Only complete if you do not have a driver licence, passport or firearms licence

You will need to ask someone who can confirm your identity to fill in this section. If you are unable to get someone to complete Step 5, then you must complete a statutory declaration. The relevant form can be obtained from your local District Court or go to [www.justice.govt.nz/services/criminal-records](http://www.justice.govt.nz/services/criminal-records)

### The person who identifies you must:

- ✓ Have known you for more than 12 months
- ✓ Be aged 18 years or over
- ✓ Have a day time phone number and be contactable during normal business hours
- ✗ Not be a relative (a relative is a person connected by blood or marriage), and
- ✗ Not live at the same address.

### Identifier to complete

Identifier's surname:	<input type="text"/>		
Identifier's first name:	<input type="text"/>		
Identifier's middle names ( <i>separated by commas</i> ):	<input type="text"/>		
PO Box or Street address:	<input type="text"/>		
Suburb:	<input type="text"/>		
Town/City:	<input type="text"/>		
State/Province:	<input type="text"/>		
Post Code:	<input type="text"/>	Country:	<input type="text"/>
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

### I declare that I have personally known

Surname:	<input type="text"/>		
First name:	<input type="text"/>		
Middle names ( <i>separated by commas</i> ):	<input type="text"/>		
For <input type="text"/> years and vouch for their identity.			

Signature of the identifier:



x

## Checklist for the third party



Please ensure this form is fully completed to avoid processing delays.



**Step 1:** Third party contact name and address details are completed in full, otherwise we will return this request to the "individual" (person you sent the form to for completion).



**Step 2:** Contains individual's full name and date of birth.



**Step 3:** Copy of individual's identification is attached to this request; and, the signature on the identification matches the individual's signature in Step 4.



**Step 4:** The individual has authorised this request by signing and dating the form.



**Step 5 (if applicable):** Confirmation of the individual's identity if they do not have a valid identification.

### Sending your form to the Ministry

Send this form and copy of identification to:

Criminal Records Unit, Ministry of Justice, National Office, SX 10161, Wellington.

### Service standard

The Ministry of Justice will process this request within the agreed service delivery times in your contract with the Ministry of Justice. If you do not hold a contract with the Ministry of Justice, we will endeavour to process this request within 20 working days of the date we receive this completed application.