

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

I hereby request the Criminal Records Unit, Ministry of Justice, to provide me with the details of any criminal convictions I may have which are held on the computer systems administered by the Ministry of Justice.

- Use this form to request a copy of your own criminal record.
- If you have accessed this form on your computer, you can complete Section 1 by typing into the boxes. You will then need to print it as Section 2 needs to be completed in pen.
- You only need to ask someone to complete Section 3 if you do not have a driver licence or passport.
- Please ensure you keep a copy of the completed form for your records.

Section 1

Type into boxes or complete in pen

Personal Details

Surname _____

First Name _____

Middle Names _____ *(separate by comma)*

Date of Birth

D	D
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 /

M	M
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Y	Y	Y	Y
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Gender Male Female

Place of Birth _____

Your Reference Number

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 (if applicable)

Previous Names – Maiden Name, Aliases

Surname _____

First Name _____

Middle Names _____ *(separate by comma)*

Postal Address

PO Box or Street Address _____

Suburb _____

City _____

State / Province _____

Post Code _____

Country _____

Current Residential Address

Street Address _____ Country _____
Suburb _____ Daytime Phone _____
City _____ Home Phone _____
State / Province _____ Fax _____
Post Code _____

Previous Two Residential Addresses

Street Address _____ Street Address _____
Suburb _____ Suburb _____
City _____ City _____
State / Province _____ State / Province _____
Post Code _____ Post Code _____
Country _____ Country _____

Section 2

Complete in pen

Identification

You must attach a photocopy of your identification. The identification may be a driver licence OR if you do not hold a driver licence, a passport. If you have neither, you will need to complete Section 3.

Driver Licence Passport

Full Record of Convictions

Your record of criminal convictions will automatically be concealed if you meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

You can, however, elect to receive a full record of your criminal convictions held on the computer systems administered by the Ministry of Justice by ticking this box. eg where it relates to a matter of foreign law/country (such as obtaining a visa or dealing with immigration etc.)

Please note that you should not tick this box if you are intending to give the report to a third party, such as employer or insurer. Requests for access by or for the purposes of third parties should be made on forms Priv/F2 or Priv/F3. Third parties should note it is an offence under Section 18 of the Criminal Records (Clean Slate) Act 2004 for a third party to require or request that an individual give consent to disclosure of his or her full criminal record.

Signature _____ Name _____
(print in block letters)

Send this form and copy of identification to the Criminal Records Unit, Ministry of Justice:

Post **Criminal Records Unit**
Ministry of Justice
National Office
SX 10161
Wellington

Email **criminalrecord@justice.govt.nz**

Fax **+64 4 918 8974**

We will post you a copy of your criminal record within 20 working days of the date we receive your completed application.

(Please note that this does not include postage time.)

This application and associated letters and reports will be disposed of three months after processing the response.

If you wish to access any other personal information held about you by the Ministry of Justice, please write separately to the Criminal Records Officer, Ministry of Justice, SX 10161, Wellington, giving details of the information you wish to have access to.

Section 3

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

Ask someone who can confirm your identity to fill in this section. 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
- Not be a relative
- Not live at the same address
- Be contactable during normal business hours.

If you are unable to get someone to complete Section 2, you must complete a statutory declaration. The relevant form can be obtained from your local District Court or by contacting the Criminal Records Unit on 04 918 8800.

Proof of identity

Surname _____ State / Province _____
First Name _____ Post Code _____
Middle Names _____ Country _____
(separate by comma)
Street Address _____ Daytime Phone _____
Suburb _____ Home Phone _____
City _____ Fax _____

I declare that I have personally known:

Surname _____
First Name _____
Middle Names _____
(separate by comma)

For _____ years and vouch for his/her identity.

Signature of identifier _____