

**Waiver of Criminal Record of a Household Member
for Placement of a Related Child in an Unlicensed Home**

Name of Child: _____ DOB: _____

Name of **Household Member**: _____ Age: _____

AKA: _____

Reasons for placing the child in the home: _____

Circle the convictions and date of arrest and/or conviction: (*Unresolved Charges Examples: No Disposition; SOL Stricken on Leave – up to 160 days from date of charge filed to reinstate; Charge Filed; Disposition not mandated; Supervision with no final outcome.*)

A copy of the police record of each incident to be waived shall be included when disposition is not included on LEADS (arresting agency should provide)

	Date		Date
1) Homicide		3) Kidnapping and Related Offenses	
Murder*		Kidnapping	
Solicitation of murder*		Aggravated unlawful restraint	
Solicitation of murder for hire*		Forcible detention	
Intentional homicide of an unborn child*		Aiding and abetting child abduction*	
Voluntary manslaughter of an unborn child*		Aggravated kidnapping	
Involuntary manslaughter*		Child abduction*	
Reckless homicide*			
Concealment of a homicidal death*		4) Bodily Harm	
Involuntary manslaughter of an unborn child*		Aggravated battery of a child*	
Reckless homicide of an unborn child*		Criminal sexual assault*	
Drug induced homicide*		Aggravated criminal sexual assault*	
		Predatory criminal sexual assault of a child*	
2) Sex Offenses		Criminal sexual abuse*	
Child pornography*		Aggravated sexual abuse*	
Exploitation of a child*		Heinous battery*	
Sexual exploitation of a child*		Aggravated battery with a firearm	
Obscenity		Tampering with food, drugs, or cosmetics	
Harmful material		Drug-induced infliction of great bodily harm	
Tie in sales of obscene publications to distributors		Aggravated stalking	
Indecent solicitation of a child*		Home invasion	
Indecent solicitation of an adult		Vehicular invasion	
Public indecency		Criminal transmission of HIV	
Sexual relations within families*		Criminal neglect of an elderly or disabled person	
Prostitution		Child Abandonment*	
Soliciting for a prostitute		Endangering the life or health of a child*	
Soliciting for a juvenile prostitute*		Ritual mutilation	
Solicitation of a sexual act		Ritualized abuse of a child*	
Pandering		<i>Any violation of the Methamphetamine Control and Community Protection Act.</i>	
Keeping a place of prostitution*			
Keeping a place of juvenile prostitution*			
Patronizing a prostitute			
Patronizing a juvenile prostitute*			
Pimping			
Juvenile pimping*			

Extraordinary circumstances for requesting waiver of convictions including evidence of rehabilitation: _____

Opinion of community members: _____

Placement Worker/Supervisor Recommendation: _____

Name of placing agency worker: _____

ID #: _____ Phone: _____

Name of the supervising placement agency: _____

Agency Address: _____

Waiver of convictions marked with an asterisk	Waiver of convictions NOT marked with an asterisk
Unresolved/Pending Charges – If the unresolved or pending charge is for a crime listed with an asterisk, a disposition MUST be obtained prior to requesting a waiver from the Director. The placing worker shall obtain a disposition from the DCFS Inspector General’s office, the State Police, Office of the Circuit Clerk or arresting law enforcement agency. If a “not guilty” verdict is obtained, the proof of the disposition may be faxed to PDC for review and possible clearance.	If the placing agency believes that there have been extraordinary circumstances surrounding the criminal history identified in subsections (a) 1 through 5, not marked by an asterisk, or that the convicted person(s) has been successfully rehabilitated and placement in the relative's household is in the best interests of the child(ren), the placing agency shall request a waiver of this prior criminal history by asking the Department to consider the factors in Part 301 Appendix A (c).
<input type="checkbox"/> Waiver Request Denied <input type="checkbox"/> Waiver Request Granted _____ Director’s Signature _____ Date	<input type="checkbox"/> Waiver Request Denied <input type="checkbox"/> Waiver Request Granted _____ Director or Designee for after hour placements Date _____ After hours or emergency Designee Date

Waiver request must be faxed to Office of the Director (217) 785-1052. For after hour requests a 24 hour conditional approval may be granted by the placing agency program director or designee until a waiver is received from the Director.

Fax waiver approval or denial to Placement Clearance Desk at (217) 524-0359. Date faxed: _____