

MICHIGAN DEPARTMENT OF CORRECTIONS **LEIN REQUEST**

CAJ-1037 REV. 09/19

Please provide the information requested below. This information will be used to complete a criminal history check in the Michigan Law Enforcement Information Network (LEIN).

Employment/Human Resources HR Personnel / Requesting Contractor Ovisitor Agency Representing Volunteer Agency Representing Agency Representing Are you entering the secure perimeter/property of a Michigan Department of Corrections (MDOC) facility? Yes No Please print information below: Last Name: First Name: Middle Name: Address:
Contractor
Contractor Agency Agency Representing Other Agency Representing Agency Representing Agency Representing Are you entering the secure perimeter/property of a Michigan Department of Corrections (MDOC) facility? Yes No Please print information below: Last Name: First Name: Middle Name:
Volunteer Other Agency Representing Agency Representing Are you entering the secure perimeter/property of a Michigan Department of Corrections (MDOC) facility? Yes No Please print information below: Last Name: Middle Name: Middle Name:
Agency Representing Are you entering the secure perimeter/property of a Michigan Department of Corrections (MDOC) facility?
Are you entering the secure perimeter/property of a Michigan Department of Corrections (MDOC) facility?
Please print information below: Last Name:
Last Name: First Name: Middle Name:
Address:
City: State: Zip Code:
Date of Birth: Sex: Race:
Please provide the number of one of the following types of identification:
Driver's License #: State issued by:
State ID #: State issued by:
I authorize the MDOC to conduct a criminal history check, so that I may be approved to enter the secure perimeter/property of an MDOC facility to perform work, visit, meet with or work with MDOC offenders.
For MDOC HR/Employment purposes only: I further authorize the Department to check my motor vehicle operator license record for the purposes of determining if I will be allowed to operate a motor vehicle while conducting Department business.
Signature:Date:
LEIN Completed By: Name: Date:
LEIN Cleared: Yes No (Does not apply to Human Resources)
LETT GIGGIEG. 103 [140 [(Does Hot apply to Human Nesources)
MDOC Employment/HR purposes: Indicate the # of convictions:
Comment (Optional):