

SUPERIOR COURT OF NEW JERSEY
OCEAN COUNTY VICINAGE

CHAMBERS OF
THERESE A.
CUNNINGHAM
JUDGE



OCEAN COUNTY COURTHOUSE
118 Washington Street
P.O. BOX 2191
TOMS RIVER, NJ 08753-2191
(732) 504-0700

MEMORANDUM

To: Prospective Applicants For Guardianship

Re: Fingerprinting Procedures

The following procedures must be followed to schedule an appointment for fingerprints for a proposed guardian subject to the New Jersey Judiciary Background Screening Policy:

1. If you are required to submit fingerprints pursuant to the Background Screening Policy, you must notify the Ocean County Sheriff ID Unit to schedule an appointment. The ID Unit will be fingerprinting for guardianship applicants on the **first and third Wednesday** of every month from **8:30 a.m. to 3:00 p.m.**
2. You must call 732-506-5171 in advance to schedule an appointment and/or leave a message for a call back. Please include your name, telephone number and identify yourself as a prospective guardian.
3. The Sheriff ID Unit will need a completed NJ Judiciary Live Scan Fingerprint Background Check form prior to the appointment being given. A copy of the form is attached. Once you have completed the form, you can scan it and email it to:
OCSHERIFFCRIMINALIDENTIFICATION@CO.OCEAN.NJ.US.

If you cannot keep the allocated appointment, you must call and reschedule.

PLEASE BRING THIS FORM WITH YOU FOR FINGER PRINTING
NEW JERSEY JUDICIARY HUMAN RESOURCES

Ocean Vicinage ORI Number NJ015103J

NJ Judiciary Applicant Live Scan Fingerprint Background Check

NOTE: Live Scan fingerprint Operator must use "Applicant Query" Box on LiveScan screen. The "Applicant Query" must be used for Guardianship background checks/purposes. There is **NO FEE** required with the use of this screen.

This completed form must be presented to live scan operator
(Print All Answers to Questions)

Originating Agency Identifier Insert ORI# NJ015103J		Last Name		First Name		Middle Initial	
Date of Birth Year ---Month Day		Social Security Number --- --		Alias / Maiden Name		Sex (Circle One) Male Female Both	
Race (Circle One) A B I U W A Asian/Pacific Islander (Includes Asian Indian) B Black I American Indian/Alaska Native U Unknown W White (Includes Hispanic /Spanish Origin)		Height ---	Weight ---	Eyes	Hair	State or Country of Birth	Country of Citizenship
Reason Fingerprinted PSV- Public Safety Volunteer		Document Type XS		Employer Ocean County Superior Court Guardianship			
SBI Response Forwarded to : 0 The Contributor / ORI Number Listed on the Front of this Form.				Miscellaneous			

CERTIFICATION THAT MY ANSWERS ARE TRUE

I have read and understand each of the above questions. My statements on this form, and any attachments to this form, are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that a knowing and willful false statement on this form can be punished by fine or imprisonment or both.

Signature _____
(Sign in Ink)

Date _____