

Illinois Statewide Search Instructions

The state of Illinois may require that a Conviction Information Request form be submitted in order to process a statewide criminal search. This is a specific form. All generic forms will be rejected by the state.

Instructions for submitting the form:

- The fingerprints may be completed by a policing authority anywhere in the United States but must be on the Illinois Conviction Request form. You should contact a local policing authority for office hours and availability. You may be charged a fee depending on the local authority.
- If the policing authority requires that you provide the Illinois Conviction Request form, please email fishersclinicalservicesshipping@fadv.com and request an original fingerprint card for the state of Illinois. Please include your full name, mailing address and the company that you are applying for in your email. A form will be mailed to you immediately.
- There are seven distinct sections on this form. The example below numbers each section. Fields in bold type print are mandatory.
 1. Personal Information Section – Complete this section and ensure all fields in bold print are completed.
 2. Requesters Name/Agency Name – This section **MUST** include the address below and as demonstrated on the example below. This will ensure the results are returned to First Advantage allowing us to complete the background check.
 3. Foreign State/County and Postal Code – Complete this section only if you are not a United States citizen.
 4. Date Fingerprinted – This section should be completed at the time your fingerprints are taken by the policing authority.
 5. License or Employment Purpose – Select Yes
 6. Maiden Name and Signature Section
 - Complete the three maiden name fields if applicable for Last Name, First Name and Middle Name/Suffix
 - Leave the Fee Amount blank – Do not submit any fees to First Advantage
 - Sign and Date the document.
 7. The policing authority will complete your fingerprints here.
- The original signed Illinois State Police Conviction Information Request form should be mailed to the address below. It is recommended that you select a mailing method that provides a tracking number.



First Advantage
 Attn: CRRG
 11800 Exit 5 Parkway, Suite 120
 Fishers, IN 46037

Conviction Information Request Example

Document Control Number L88705871	Submitting Agency ORI – NCIC (If applicable) IL	FRM1030L88705871		
Subject's Last Name <input type="text"/> First Name <input type="text"/> Middle Name <input type="text"/>		Cost Center (Office Use Only) <input type="text"/>		
Date of Birth <input type="text"/>	Sex <input type="text"/>	Race <input type="text"/>		
State Identification Number (if applicable) IL <input type="text"/>				
Driver's License (DL) Number <input type="text"/>	DL State <input type="text"/>	1		
Requestor's Name <input type="text"/> Fulfillment Group		Agency/Company Name (Use only if using Agency/Company Address) <input type="text"/> First Advantage		
Return Address (Use the address you wish to have your response mailed to.)				
Street Address: 11800 Exit 5 Parkway Suite 120		City: Fishers State: IN Zip Code: 46037		
Foreign State/Country <input type="text"/>	Foreign Postal Code <input type="text"/>	Date Fingerprinted <input type="text"/>		
Licensing or Employment Purpose <input type="checkbox"/> (Yes) <input type="checkbox"/> (No)		5		
Subject's Maiden Last Name <input type="text"/> First Name <input type="text"/> Middle Name/Suffix <input type="text"/>		6		
Subject's Signature: _____ Date: _____				
Fingerprint Images				
The policing authority will complete this section with your fingerprints				
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
		7		

