

**NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
139**

NATIONAL CRIME INFORMATION CENTER (NCIC)

Supersedes: AR 139 (Temporary, 02/08/10); 05/20/10; (Temporary, 02/13/17)
Effective Date: 03/07/17

AUTHORITY: NRS 179A; NRS 209.131; NRS 193.50; Title 28, C.F.R., Part 20;
Title 28, C.F.R., Section 534

PURPOSE

The National Crime Information Center (NCIC) is a branch of the Federal Bureau of Investigation (FBI), providing an online access for authorized individuals about crimes, and in some cases information on criminals. All information that is provided from many criminal justice agencies is designed to be accessible only to authorized users. This regulation ensures NDOC is compliant with federal and state regulations to ensure the integrity and privacy of data.

RESPONSIBILITY

The Offender Management Division (OMD) is responsible to regulate the procurement, use, dissemination of information contained in the National Crime Information Center (NCIC).

The Inspector General (IG) Office is responsible for the computerized data base of documented criminal justice information, and for ensuring federal and state compliance with NCIC.

139.01 NCIC PROCEDURES

1. The Nevada Department of Corrections (NDOC) will not disseminate any criminal history information obtained through direct access to the NCIC to any other agency or person.
2. The NCIC program will only be used to obtain criminal history and wants/warrants information on:
 - A. Applicants to visit inmates;
 - B. Prospective NDOC employees;
 - C. Promotions for current employees;
 - D. Records check of current employees every three (3) years;
 - E. Person under contract with NDOC;
 - F. Applicants applying for volunteer status;

- G. Persons suspected of committing criminal activity;
- H. Persons suspected of conspiring with or aiding and abetting an inmate to commit a crime;
- I. Inmates incarcerated in NDOC;
- J. Escape process;
- K. Inmates discharging.

3. Request for NCIC background checks must be submitted on DOC Form 2017 NCIC Criminal History Check to the designated staff for processing. Persons applying for employment, contract work, volunteer, or visitor must provide the written consent form on DOC Form 1021, Written Consent for NCIC Criminal History Check, prior to an NCIC records check being conducted.

- A. Printouts are for review purposes only and must be destroyed and not maintained in any file.
- B. Printouts with verified information, such as wants/warrants may be maintained as long as they are being utilized.
- C. Consent is not required for records check on incarcerated persons or persons suspected of committing a criminal offense.

4. Neglect or misuse of the NCIC system may result in administrative, civil, or criminal action being initiated.

5. An authorized staff member will be responsible for the entry of all escape warrants.

139.02 PRISON NUMBER CP-NUMBER

1. A master roster designating who may request NCIC background checks will be maintained and up-dated on a quarterly basis by the designated OMD staff.

- A. Request for P-Numbers may be submitted to OMD
- B. Such requests must detail purpose of such access and have the Warden's approval.

2. The contents of the P-Number master roster will contain the following information

- A. Name;
- B. Title;
- C. Specific NCIC services authorized for the employee and;
- D. Specific Nevada Highway Patrol Communications Center Services.

3. Staff are only permitted to request or provide information with the services for which they have been authorized.

4. The roster will be provided to the Nevada Highway Patrol, Wardens, Division Heads and the Office of the Inspector General.

APPLICABILITY

1. This Administrative Regulation requires an operational procedure for OMD; institutions/facilities and the IG office.

2. This Administrative Regulation requires an audit.

REFERENCES

ACA, 4th edition, Standards Supplement 4-4061
NCJIS Administrative Policy 07/2016

ATTACHMENTS

NCIC Criminal History Check DOC Form 2017
Written Consent for NCIC Criminal History Check, DOC Form 1021, updated 12/2015


James Dzurenda, Director

3/7/17
Date

**STATE OF NEVADA
DEPARTMENT OF CORRECTIONS**

TO: NCIC OPERATOR

FROM: _____ P# _____ DATE SUBMITTED: _____

The following applications are being submitted for criminal history background checks.

The applications have been reviewed for accuracy and completeness.

	NAME OF APPLICANT:	INMATE NAME & NDOC #	NCIC COMMENT/DISPOSITION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
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19			
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21			
22			
23			
24			
25			

TOTAL NUMBER OF APPLICANTS: _____ NCIC COMPLETION DATE: _____

DOC - 2017 (2/08)

Central Administration
P.O. Box 7011
Carson City, NV 89701

Nevada Department of Corrections
Consent for Release of Criminal History Records
Job Applicants & Contractors
Please PRINT clearly all information

Southern
Administration
3955 W. Russell Rd.
Las Vegas, NV 89118

1. NAMES AND ADDRESSES

Applicant's Legal Name _____
Last First MI

Please complete this questionnaire in its ENTIRETY. ****ANY omission or false statement is SUFFICIENT REASON FOR DENIAL.****

List any other names (alias) you are known by. Include your maiden name and any nicknames, if applicable
(Failure to include all names will result in denial)

Current Physical Address _____
Full Street City State Zip

Current Mailing Address _____
Full Street City State Zip

Previous Address _____
Full Street City State Zip

Home Phone Number () Cell Phone Number ()

Email address: _____

List any other states you have lived in, if none enter N/A _____

Occupation or Business _____ Employer _____

Business Phone () Contact Name: _____

Have you ever worked for the Nevada Department of Corrections? Yes No

If Yes, When? _____ Position? _____

Have you **EVER** worked or volunteered in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No

If Yes, When? _____ Where? _____

2. IDENTIFIERS

Drivers License and or ID number _____ State _____

Date of Birth _____ Place of Birth _____ Age _____

SSN _____ Gender: Male Female

Race _____ Marital Status: Married Single

Height _____ Weight _____ Hair Color _____ Eye Color _____

Scars Marks or Tattoos, if none enter N/A: _____

Complete 2nd Page

3. **Criminal History: ALL arrests must be listed, whether there was a conviction or not.** You must also list arrest in other states and countries. **Do not exclude anything; any omission of an arrest is sufficient reason for denial.**

Have you **EVER** been arrested? Yes or No

Have you **EVER** been convicted of a Felony, Gross Misdemeanor or Misdemeanor? Yes or No

If yes to either of the above, complete the following and attach additional sheets if necessary.

Charge _____ Disposition _____ Date of Arrest _____ City/State _____

Charge _____ Disposition _____ Date of Arrest _____ City/State _____

Charge _____ Disposition _____ Date of Arrest _____ City/State _____

Charge _____ Disposition _____ Date of Arrest _____ City/State _____

4. Have you **EVER** been incarcerated in a Correctional Facility/Prison? Yes or No

If yes, what Facility/Prison(s) and state: _____

Are you currently on Probation? Yes or No If yes, in what state? _____

5. Do you or have you ever visited or corresponded with an inmate incarcerated in any Correctional Facility or Prison? Yes or No

6. Do you know or correspond with anyone on parole/probation? Yes or No

If yes to the above questions, complete the following section and attach additional sheets if necessary.

Name and Inmate Number	Relationship	Indicate whether you visit or write
_____	_____	_____

7. **Authorization**

Chapter 179A100 of the Nevada Revised Statutes permits an Agency of Criminal Justice to obtain records of criminal history regarding a prospective employee. Consent is not required in order to obtain information reflecting only convictions. Consent is required in order to obtain a complete record of criminal history.

The applicant, contractor or volunteer's signature on this consent form will permit the Department of Corrections to obtain complete information regarding arrests, detention, indictments, information or other formal criminal charges and disposition of charges, including dismissals, acquittals, convictions, sentences, correctional supervision and release.

This information will be used only for purposes of determining employability. Chapter 179A of NRS prohibits an employer from dissemination of this information.

Applicant's Name (please print) _____

Applicant's Signature _____ Date _____

Agency Authorization for Records Check _____ Date _____

For Official Use Only

Application Review Approved Denied

Signature of Authorized Personnel _____ Date _____