



CITY OF DULUTH POLICE DEPARTMENT

3276 Buford Highway • Duluth, GA 30096

Phone 770-623-2771

Fax 770-814-3002

City of Duluth
Criminal History Services

LETTER OF AGREEMENT 2025

This Letter of Agreement details the agreement between the City of Duluth Police Department and the Client listed below regarding criminal history record information background checks. This Letter of Agreement is valid *only* for the 2025 business year.

Please Print or Type

Client: _____

Address: _____

Mailing: _____

City: _____ State: _____ Zip: _____

Phone () _____ Secure Fax () _____

E-mail _____

Legal Entity: Corporation Partnership Sole Proprietorship Individual

Person(s) Authorized to Receive Criminal History Record Information:

Please Print

1. _____ 2. _____

3. _____ 4. _____

Signature of Persons Duly Authorized to Execute this Letter of Agreement:

_____ Date: _____

Printed Name _____

Title: _____ Date _____

*****On Behalf of City of Duluth Police Department*****

Printed Name _____

Title: _____ Date _____

Signature _____

*****Sample Letter*****
We must have a copy of this letter
on your letterhead.

Your Company's Name
Address
City, State, Zip Code

Duluth Police Department
Criminal History Section
3276 Buford Highway
Duluth Georgia 30096

Dear Criminal History Coordinator,

YOUR COMPANY'S NAME wishes to obtain criminal history information for the State of Georgia through your office. We would use this information for pre-employment, **list reason(s)** for search purpose only as required by OCGA 35-3-34/35-3-35. Job candidates seeking employment with our company would execute a signed release, which we in return would fax to your office. Information received from your office would be disseminated to the candidate only. The original would be maintained at our office for inspection at any time.

YOUR COMPANY'S NAME recognizes the sensitive nature of the criminal record information. All files would be maintained under lock and key, accessible only through **NAMES OF THOSE WHO WOULD BE AUTHORIZED TO ACCESS INFORMATION**. The employees authorized to transmit and receive information would be to **NAME AND TITLE OF EACH PERSON**.

I understand and agree we would be billed \$6.00 per CHRI check.

Sincerely,

Your Name

ABBREVIATIONS

ABBREVIATIONS: The following abbreviations will be interpreted as follows.

"Police Department" means The City of Duluth Police Department

"Client" means the Client Company or individual.

"GCIC" means The Georgia Crime Information Center and will include other state's criminal history record keeping agencies, as appropriate.

"CHRI" means Criminal History Record Information, and for purposes of this policy, will include wants & warrant checks, as appropriate.

LAWS, POLICIES, PROCEDURES, RULES, AND REGULATIONS

PURPOSE OF CHRI CHECKS: The Police Department notifies the Client that access to CHRI is strictly governed by federal, state, and local laws, policies, procedures, rules, and regulations. The Client certifies to the Police Department that all CHRI requests are ran only for those specific purposes as permitted by such laws, policies procedures, rules, and regulations. The Client agrees to notify the Police Department of the purpose for each CHRI request to legally access the record information requested.

SECURITY & PRIVACY OF CHRI: The Police Department notifies the Client that each request for CHRI must be maintained under lock and key storage, with a minimal number of people having access to the information. The Police Department will release CHRI information only to those persons whom the Client has listed as authorized. The Client certifies to the Police Department that CHRI is being received only by such authorized persons, is stored under lock and key accessible only to those persons whom the Client has listed as authorized. The Client further certifies to the Police Department that further dissemination of CHRI may be made only to file applicant, or upon the applicant's signed release, to other specified parties. The Client certifies to the Police Department that they will maintain records showing to whom CHRI was disseminated.

SIGNED CONSENT FORMS: The Police Department notifies the Client that each request for CHRI must be accompanied by **our signed consent form** from the person whose record is to be checked. This signed consent form must clearly state the consent of the person for the Police Department to run criminal history background record checks and disclose them to the Client. **Please note you must use our request sheets and consent forms to avoid any confusion. It will help the Police Department to provide you with a more accurate CHRI.**

NOTIFICATIONS FOLLOWING ADVERSE EMPLOYMENT DECISIONS: The Police Department notifies the Client that when an adverse employment decision has been made, Georgia Law 35-3-34 requires specific notices to the applicant. The Client certifies to the Police Department that they will make the legally required notices, and the Client further certifies that they will notify all their clients of the legal requirements and will require similar certifications from all their clients.

REQUIRED INFORMATION & UPDATES: The Client agrees to provide a duly executed Letter of Agreement to the Police Department, and a copy of the Client's business license; and to keep the information contained in all those documents up to date with the Police Department. The Client also agrees to execute a new Letter of Agreement or Addendum to this Letter of Agreement when necessitated due to change in personnel, business name, or authorized signatories, or as required by the Duluth Police Department.

EXECUTION OF LETTER OF AGREEMENT AND ADDENDUMS: Once the Letter of Agreement has been executed by the Client and returned to the Police Department, the Police Department will execute the Letter of Agreement, keep the original in file. From time to time, new Letters of Agreement may be executed, and the new Letter of Agreement will supersede a previous Letter of Agreement. Addendums to this Letter of Agreement may be issued and will be similarly executed as was the original Letter. Addendums are to be read as if they were incorporated into the Letter of Agreement and will similarly be superseded by a new Letter of Agreement or Addendum.

REQUEST FOR ADDITIONAL INFORMATION: Clients, who have questions regarding the information returned to them by the Police Department, should contact the Criminal History Coordinator at the Police Department, **NOT** the submitting agency or the state criminal history repository agency. The Police Department will assist the client in resolving their concerns and questions.

GEORGIA STATE LAW & POLICE DEPARTMENT POLICIES AND PROCEDURES CONTROLLING: In any legal proceeding or in any interpretation required under this Letter of Agreement, the laws, rules and regulations of Georgia, and the policies and procedures of the Police Department will be controlling, unless otherwise required.

SERVICE STANDARDS

TURN-AROUND TIME: The Police Department notifies the client that it will do its best to send back history request within **24-36 business hours of receipt**, depending on workload, availability of personnel, and GCIC service availability.

CHRI INTERPRETATION: The Police Department certifies to the Client that it will provide an explanation of information contained in CHRI returns as such information is available to the Police Department.

ACCURACY OF INFORMATION: The Police Department notifies the Client that it cannot and does not guarantee the accuracy of CHRI information. The information is obtained from state-controlled databases and is based on submissions from numerous criminal justice agencies with imperfect human sources. If an applicant objects to any information contained in the database records, the applicant or Client must contact GCIC (or other State-controlling agency), or the original submitting agency. The Police Department will provide the Client with contact information upon request. Accurate returns are also dependent upon the Client providing accurate and complete information to the Police Department.

METHODS OF DISSEMINATION TO NON-CRIMINAL JUSTICE ENTITIES:

Per Chapter 4, Section 10.1 of the GCIC Policy Manual. No criminal histories may be disseminated to noncriminal justice agencies via fax. They may be disseminated only face -to- face, faxed, encrypted email or by mail only after the stated criteria are met.

*Additionally, a criminal justice agency may only disseminate Georgia CHRI via facsimile transmission to a non-criminal justice or entity provided the receiving facsimile machine is in an area not readily accessible by persons other than the individual to whom the CHRI is intended.

*GCIC will update chapter 4 of the CJIS Network Policy Manual to accurately reflect the changes in authorized methods of dissemination of CHRI data.

*Encrypted results will only be disseminated to the email address listed on the current Letter of Agreement.

HOLD HARMLESS: The Client agrees to hold the City of Duluth, the Duluth Police Department, and its employees and agents harmless on account of any loss, expense or damage arising or resulting from disclosure of CHRI information contrary to federal, state, or local laws, policies, rules, or regulations; and from liability for any negligence in connection with the preparation of any CHRI reports.

SERVICE BASIS: The Police Department notifies the Client that CHRI work is processed on a "first in, first out" basis. Regretfully, there is no way the Police Department can accommodate "rush" request.

PARTIAL RETURNS: All CHRI results are destroyed after 48 hours. If the Police Department is asked to re-send results older than this, a new CHRI request and signed consent form must be submitted, the name(s) will have to be re-run, and a which will incur another charge for the Client.

SERVICE INTERRUPTION

SERVICE INTERRUPTION: The Police Department notifies the Client that from time to time, access by the Police Department to the GCIC computer may be interrupted to equipment failure, loss of power, software difficulties, and other events. The Police Department will work at resolving such interruptions due to service but cannot be held responsible for events beyond its control. When service is interrupted for more than four hours, the Police Department will attempt to notify the client of such interruptions when practical.

SERVICE TERMINATION

TERMINATION BY EITHER PARTY: The Police Department notifies the Client that written notice by either party will terminate this agreement, but the obligations and agreements between the parties regarding completed, or in progress work will continue. The Police Department will not issue any refunds.

SERVICE TERMINATION: The Police Department notifies the Client those services may be terminated with or without notice for failure to pay invoices in a timely manner; willful violation of federal state or local laws, policies, rules, or regulations; falsification of significant information; failure to provide required or requested information; or for any other good and sufficient cause. The Police Department notifies the Client that if services are terminated or suspended that an invoice for all work completed to date will be rendered and submitted to the Client, and that all requests not yet completed will be destroyed unprocessed.

PAYMENT: Billing statements are issued monthly by the 5th of the following month. The term will be Net 15. If the account becomes more than 30 days old the Duluth Police Department will issue a Notice of Non-Payment, if the invoice is not paid within 10 business days of receipt of the Notice of Non-Payment the Duluth Police Department will issue a Notice of suspension until the account is paid in full. If the account becomes more than 90 days old, it will be turned over to our collection agency and the city attorney. The client will be terminated.

NO REFUNDS: The Police Department notifies the Client that the Police Department will not issue any refunds. This includes cases in which services are terminated or suspended.

END OF LETTER OF AGREEMENT



UPDATE 12/05/2017

Criminal History Division

Notice to all clients.

As of September 1, 2005, there will be three new purpose codes available for use when conducting criminal history records checks on individuals who are applicants for employment. O.C.G.A. §35-3-34.1, which was enacted July 1, 2004, provides for the disclosure of completed first offender records when conducting pre-employment criminal history record checks for specific job fields. Under this law, the Georgia Crime Information Center (GCIC) and local law enforcement agencies are authorized, and required, to release first offender information (arrest, charges, sentencing) on individuals when the offender was discharged without a court adjudication of guilt on or after July 1, 2004, and one of the following three conditions exists:

Providing care to children

- The individual is applying for employment with a public school, private school, child welfare agency or a person entity that provides day care for minor children or after school care for minor children and was convicted of child molestation, sexual battery, enticing a child for indecent purposes, sexual exploitation of a child, pimping, pandering or incest.

Providing care to the elderly

- The individual is applying for employment with a nursing home, personal care home or a person or entity that offers day care for elderly persons and was convicted of sexual battery, incest, pimping, pandering or a violation of §30-5-8 (related to criminal penalties for abuse, neglect, or exploitation of disabled or elder persons).

Providing care to the mentally ill

- The individual is applying for employment with a facility, as defined in §37-3-1 or §37-4-2, that provides services to persons who are mentally ill, as defined in §37-3-1, or mentally retarded, as defined in §37-4-2, and was convicted of sexual battery, incest, pimping or pandering.

SPECIAL CONDITIONS

IF AN ADVERSE EMPLOYMENT OR LICENSING DECISION IS MADE AGAINST THE PERSON WHOSE RECORD WAS OBTAINED UNDER THIS LAW; THE PERSON SHALL BE INFORMED:

- 1. THAT A RECORD WAS OBTAINED.**
- 2. THE SPECIFIC CONTENTS OF THE RECORD.**
- 3. THE EFFECT THE RECORD HAD UPON THE DECISION.**

FAILURE TO PROVIDE THIS INFORMATION
TO
THE PERSON SUBJECT TO THE ADVERSE
DECISION
SHALL BE A MISDEMEANOR

GCIC OPERATIONS BULLETIN 2005-25

Subject: Consent Form for Obtaining Georgia Criminal History Record Information (CHRI)

1. Pursuant to O.C.G.A. § 35-3-34(a) (1) (A), GCIC Rule 140-2-.04 states “*at the time of each request, requestors shall provide the signed consent of persons whose criminal history records are sought*”. The signed consent form enables the requestor to obtain complete Georgia criminal history record information, except for sealed information.
2. The signed consent must be in a format approved by GCIC and include, as a minimum, the person’s full name, address, social security number, race, sex, date of birth and date signed. Changes, strikethroughs, or white out/liquid paper are not permissible. If a change or correction is necessary, a new consent form must be completed.
3. The consent form should specify the expiration date of the consent.
4. Consent forms should either: (1) specify a specific expiration date such as 90 or 180 days from the date of signing; or (2) specify that the requestor may periodically check the Georgia criminal history information at any time during the consenting individual’s term of employment. If the periodic checks option is chosen, the statement should clearly indicate that the consenting individual understands that permission is being given to the requesting entity to run additional background checks periodically without seeking additional consent of the individual.
5. If no expiration date is stated on the form, the consent will expire 90 days from the date of signing by the person whose record is sought. After this 90-day period, **no** criminal history information shall be obtained from GCIC without submission of a new and current consent form.

**Duluth Police Department
Criminal History Division**

3276 Buford Hwy.
Duluth Georgia 30096

Phone (770) 623-2771

Fax: (770) 814-3002

email: records@duluthpd.com

The following is a list of items we must have before we process any CHRI.

1. Letter of Agreement 2025
2. A copy of your *current* business license.
3. The letter stating you wish to obtain criminal history information from our office on your Letterhead. (“Sample Letter”)

The following is a list of items to be noted:

1. Billing statement issued monthly by the 5th of the following month.
2. Payment is due 15 days upon receipt of statement.
3. Mail checks to the Duluth Police Department with original billing statement enclosed, make checks payable to City of Duluth.
4. Any questions you may have, direct them to the Criminal History Coordinator.
5. All consent forms must be complete and faxed or send via encrypted email along with the CHRI request form.
6. All consent forms must be complete, accurate, and legible.
7. Requests are to be faxed to (770) 814-3002 or via encrypted email to records@duluthpd.com. **Please do not fax to the main Police Department’s fax number.**
8. The Police Department notifies the Client that each request for CHRI must be accompanied by **our signed consent form** from the person whose record is to be checked. This signed consent form must clearly state the consent of the person for the Police Department to run criminal history background record checks and disclose them to the client.
9. **Please note you must use our request sheets and consent forms to avoid any confusion. It will help the Police Department to provide you with a more accurate CHRI.**

For questions, you may contact the Criminal History Coordinator at (770) 623 - 2771.

A sample letter of introduction, our consent form and a request sheet are to follow.



City of Duluth Police Department
3276 Buford Highway
Duluth, Ga.30096
PHONE 770-623-2771 FAX 770-814-3002

PERIODIC CHECK CONSENT FORM

I authorize the Duluth Police Department to obtain any Criminal History Record information pertaining to me, which may be in the files of any state or local criminal justice agency. I release all persons, including government agencies, from any liabilities or damages for having furnished such information in good faith. A telephonic facsimile or photographic copy of this authorization shall be as valid as the original.

Reason for criminal records check (check one of the following):

- Providing care to children: (Purpose Code ("W"))
- Providing care to the elderly: (Purpose Code ("N"))
- Providing care to mentally ill: (Purpose Code ("M"))
- Any other job/ reason _____

I hereby authorize.

Company Name: _____

To receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

One of the following must be checked:

This authorization is valid for 90 Days 180 Days from the date of signature.

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

Photo I D

Full Name Printed

Street Address

City/State/Zip

Date of Birth Social Security

Sex Race

Signature Date

Driver's License



CHRI REQUEST SHEET

Company's Name
Address
City, State & Zip Code
Phone () **Fax ()**
E- Mail

 Requested By Signature Date

 Printed Name

No Signed consent form needed
 Public Access to Felony Convictions

Please Print or Type all information on request sheet

PROVIDING CARE FOR

| | Name | | | Date of Birth | Sex | Race | Social Security | PROVIDING CARE FOR | | | | | Results | | | |
|-----|------|-------|--------|---------------|-----|------|-----------------|--------------------|----------|---------|--------------|-------|---------|----------|-----|--|
| | Last | First | Middle | | | | | Felony CK | Children | Elderly | Mentally ill | Other | None | Possible | SID | |
| 1. | | | | | | | | | | | | | | () | () | |
| 2. | | | | | | | | | | | | | | () | () | |
| 3. | | | | | | | | | | | | | | () | () | |
| 4. | | | | | | | | | | | | | | () | () | |
| 5. | | | | | | | | | | | | | | () | () | |
| 6. | | | | | | | | | | | | | | () | () | |
| 7. | | | | | | | | | | | | | | () | () | |
| 8. | | | | | | | | | | | | | | () | () | |
| 9. | | | | | | | | | | | | | | () | () | |
| 10. | | | | | | | | | | | | | | () | () | |

City of Duluth Police Department
 3276 Buford Highway
 Duluth GA 30096
 Phone: 770-623-2771
 FAX 770-814-3002 and 770-814-3003

 Operator Performing Check Date