Hamilton County Emergency Communications District

Rules and Regulations for III and State Criminal History Requests

The documents produced by inquiries into criminal histories maintained by both NCIC and the individual states are strictly regulated. Before you request that an inquiry be done and receive information from the computerized records, you must affirm that you understand the rules and agree to abide by the regulations set forth by the US Department of Justice and the Tennessee Bureau of Investigation.

1. The information obtained through III or other criminal history checks is for use in criminal investigations. You will be required to verify by your signature the purpose of your request. This will include the case number to which the inquiry refers.
2. You must have authorization by statute to use this information. This means it is for law enforcement purposes only, and you must be a law enforcement employee.
3. No inquiries may be run for personal reasons. The reason for the running of the history must meet statute regulations. (Again, criminal justice purposes only!)
4. No information gained through an inquiry may be disseminated outside the criminal justice system, except for non-criminal justice agencies which are specifically authorized by statute.
5. Any improper use or misuse of the information received from the TIES system will be reported to the TBI.
6. Violations of this policy have several potential consequences:
   a. You may be subject to both civil and criminal penalties on the state and federal level. You may also be subject to disciplinary action by your agency.
   b. The Hamilton Co. 9-1-1 ECD and/or your agency can lose NCIC and TIES privileges, which means that you will not get wanted checks, stolen checks, drivers license or vehicle registration information, and the ability to send teletypes will be gone as well.
7. The location of this printout must be documented at all times. If the printout is no longer needed, it should be shredded and destruction should be documented in the incident report or case file.

I AFFIRM THAT I HAVE READ THE ABOVE RULES AND REGULATIONS, AND BY MY SIGNATURE CERTIFY THAT THE REASON FOR WHICH I AM REQUESTING THE CRIMINAL HISTORY INFORMATION IS FOR A STATUTORILY AUTHORIZED PURPOSE.

Signed: _____ **Agency/Badge:** _____

Printed Name: _____

Date/Time: _____

Subject Name/DOB/SSN: _____

Case Number: _____

Version Date: 02-05-19
Form: 30.028