

Arraignment Disclosure Form

A copy of this form must be provided to the employing school district, intermediate school district, public school academy, or non public school and the Michigan Department of Education within three business days of arraignment.

Name _____ Date of Birth _____ (Please Print)
Address _____ (Please Print)
School Name/District _____ (Please Print)
Position _____ (Please Print)
Date of Arraignment _____ (Please Print)

Pursuant to Public Act 131 of 2005, I, hereby disclose that I was arraigned on the aforementioned date for the criminal offense of _____,
in _____ Court, located in the State of _____,
County of _____.

In signing this form, I acknowledge that I understand that failure to disclose this information is a violation of Public Act 131 and can result in action being taken relative to my certification and/or employment.

In signing this form, I acknowledge that I understand that should I be convicted of or pled guilty or nolo contendere (no contest) or is the subject of finding of guilt by a judge or jury, it is my responsibility to disclose to the court that I am employed by a school, public or non-public. I also understand that if I am subsequently not convicted of any crime after the completion of judicial proceedings resulting from that charge, I must request, in writing, that the Michigan Department of Education and the employing school/district delete the report from my records.

Signature

Dr. Flora L. Jenkins, Director
Office of Professional Preparation Services
P.O. Box 30008
Lansing, MI 48909