

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 (please print) _____ Date of Birth _____

School Name _____

School District _____

Position _____

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

In signing this form, I acknowledge that I understand that should I be convicted of, or plead guilty or nolo contendere (no contest), or am the subject of a 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

Date

Send Form to: Director
Michigan Department of Education
Office of Educator Excellence
P.O. Box 30008
Lansing, MI 48909