



MICHIGAN DEPARTMENT OF CORRECTIONS  
**LEIN REQUEST**

CAJ-1037  
REV. 06/24

Please provide the information requested below. This information will be used to complete a criminal history check in the Michigan Law Enforcement Information Network (LEIN).

**Please provide a copy of your Driver's License or State Identification Card. Date-of-birth, race and sex are also needed to complete this LEIN request.**

Employment/Human Resources  \_\_\_\_\_  
HR Personnel / Requesting

Contractor  \_\_\_\_\_ Visitor  \_\_\_\_\_  
Contractor Agency Agency Representing

Volunteer  \_\_\_\_\_ Other  \_\_\_\_\_  
Agency Representing Agency Representing

Are you entering the secure perimeter/property of a Michigan Department of Corrections (MDOC) Correctional Facility?  Yes  No

**Please print information below:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

**Please provide one of the following types of identification information:**

Driver's License #: \_\_\_\_\_ State issued by: \_\_\_\_\_

State ID #: \_\_\_\_\_ State issued by: \_\_\_\_\_

**I authorize the MDOC to conduct a criminal history check, so that I may be approved to access MDOC secure data and/or enter the secure perimeter/property of an MDOC facility to perform work, visit, meet with or work with MDOC offenders.**

**For MDOC HR/Employment purposes only: I further authorize the Department to check my motor vehicle operator license record for the purposes of determining if I will be allowed to operate a motor vehicle while conducting Department business.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

LEIN Completed By: Name: \_\_\_\_\_ Date: \_\_\_\_\_

LEIN Cleared: Yes  No  HR/Employment  Non-HR

MDOC Employment/HR purposes: Indicate the # of convictions: \_\_\_\_\_

Comment (Optional): \_\_\_\_\_

*\*Gray box for MDOC internal use only*