



PURSUANT TO THE REQUIREMENTS OF RCW 43.43.830, WE MUST ASK YOU TO COMPLETE THE FOLLOWING DISCLOSURE STATEMENT. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

Have you ever been convicted of any of the following crimes against persons?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Aggravated Murder	<input type="checkbox"/>	<input type="checkbox"/>	Indecent Liberties
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Murder	<input type="checkbox"/>	<input type="checkbox"/>	Incest
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Kidnapping	<input type="checkbox"/>	<input type="checkbox"/>	Vehicular Homicide
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault	<input type="checkbox"/>	<input type="checkbox"/>	Unlawful Imprisonment
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Assault of a Child	<input type="checkbox"/>	<input type="checkbox"/>	Simple Assault
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Exploitation of Minors
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Rape of a Child	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Custodial
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery			Sexual Misconduct
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Manslaughter	<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree custodial
<input type="checkbox"/>	<input type="checkbox"/>	First or Second of Third Degree Extortion			interference
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Criminal Mistreatment	<input type="checkbox"/>	<input type="checkbox"/>	Felony Indecent Exposure
<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse or Neglect as defined in	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Abandonment
		RCW 26.44.020	<input type="checkbox"/>	<input type="checkbox"/>	Malicious Harassment
<input type="checkbox"/>	<input type="checkbox"/>	Selling or distributing erotic material to a minor	<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Child Molestation
<input type="checkbox"/>	<input type="checkbox"/>	Endangerment with a controlled substance	<input type="checkbox"/>	<input type="checkbox"/>	First or Second or Third Degree Sexual
<input type="checkbox"/>	<input type="checkbox"/>	Custodial Assault			misconduct with a minor
<input type="checkbox"/>	<input type="checkbox"/>	Child buying or selling	<input type="checkbox"/>	<input type="checkbox"/>	Patronizing a Juvenile Prostitute
<input type="checkbox"/>	<input type="checkbox"/>	First Degree promoting prostitution	<input type="checkbox"/>	<input type="checkbox"/>	Child abandonment
<input type="checkbox"/>	<input type="checkbox"/>	Communications with a minor	<input type="checkbox"/>	<input type="checkbox"/>	Promoting Pornography
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Arson	<input type="checkbox"/>	<input type="checkbox"/>	Violation of Child Abuse Restraining Order
<input type="checkbox"/>	<input type="checkbox"/>	First or Second or Third Degree Theft	<input type="checkbox"/>	<input type="checkbox"/>	Prostitution
<input type="checkbox"/>	<input type="checkbox"/>	First Degree Burglary	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may have been
					renamed.

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

Have you ever been convicted of any of the following crimes relating to financial exploitation of a person 60 years of age or older, who has functional, mental, or physical inability to care for himself or herself or is a patient in a state hospital?

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	First, Second, or Third Degree Extortion	<input type="checkbox"/>	<input type="checkbox"/>	Forgery
<input type="checkbox"/>	<input type="checkbox"/>	First or Second Degree Robbery	<input type="checkbox"/>	<input type="checkbox"/>	Or any of these crimes as they may
<input type="checkbox"/>	<input type="checkbox"/>	First, Second or Third Degree Theft			have been renamed

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.

If your record shows a conviction for the following crimes, you may be disqualified from participation:

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Possession with the intent to deliver a	<input type="checkbox"/>	<input type="checkbox"/>	Possession with the intent to manufacture a
		controlled substance			controlled substance
<input type="checkbox"/>	<input type="checkbox"/>	Delivery of a Controlled Substance	<input type="checkbox"/>	<input type="checkbox"/>	Manufacture of a Controlled Substance

If your answer is "yes" to any of the above, please describe and provide the date(s) of the conviction(s) and the sentence(s) imposed.
