
List all other addresses you have lived at in the past five (5) years:

1. Address: _____

2. Address: _____

County: _____

County: _____

3. Address: _____

4. Address: _____

County: _____

County: _____

(Attach additional sheets if necessary)

The individual subject of the study must sign on the signature line as the person completing the form. By signing below you are acknowledging receipt of this notice that the background study will be done in accordance with Minn. Stat. 245C.03. You are also agreeing to the conduct of the background study and release of information on the conviction, adjudication, maltreatment reports, or any investigative record by the agencies listed.

Your Signature: _____ *Date:* _____

**THIS SECTION TO BE COMPLETED BY AGENCY FURNISHING INFORMATION
FOR BACKGROUND STUDY**

Adult Services

Children Services

No Information _____

No Information _____

Information Enclosed _____

Information Enclosed _____

Signature

Signature

Title

Title

Date

Date

Return this form to:
Pine County Health & Human Services
315 Main St S, Suite 200
Pine City, MN 55063