



May 20, 2010 Rev. 1

ARRAIGNMENT DISCLOSURE FORM

Name (Please Print)

Complete Address

Phone Number

Email Address

Date of Arraignment

Court Name

County

State

Pursuant to Public Act 131 of 2005, I, hereby disclose that I was arraigned on the aforementioned date for the criminal offense 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 am I the subject of a finding of guilty 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

Mail this form to:

PESG
P.O. Box 50
6307 84th Street S.E.
Suite D
Caledonia, MI 49316

PESG will be forwarding this document to the State of Michigan and all listed schools or ISDs for which you are active.