

Brighton Area Schools
Arraignment Disclosure Form
(Must be completed within 3 Business Days from date of arraignment)

Name (Please Print)

School Name (Please Print)

School District (Please Print)

Position (Please Print)

Date of Arraignment (Please Print)

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

I have attached copies of any documents I received at the time of arraignment.

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, employment and additional conviction of a crime.

Further, in signing this form, I acknowledge that I understand that should I be convicted of or pled guilty or nolo contendere (no contest) or that I am the subject of 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

NOTE: **This form must be submitted within three (3) business days from the date of arraignment to the Assistant Superintendent Human Resources and the Michigan Department of Education.**